Clinical medicine & surgery
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THE AMERICAN JOURNAL OF

CLINICAL MEDICINE

Vol. 29, No. 1 January, 1922

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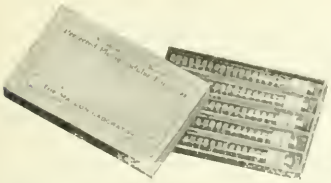

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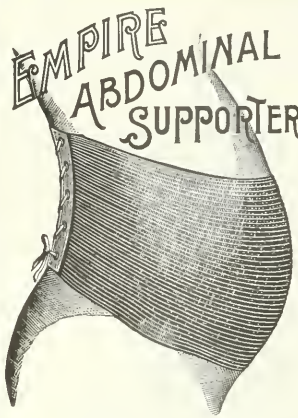

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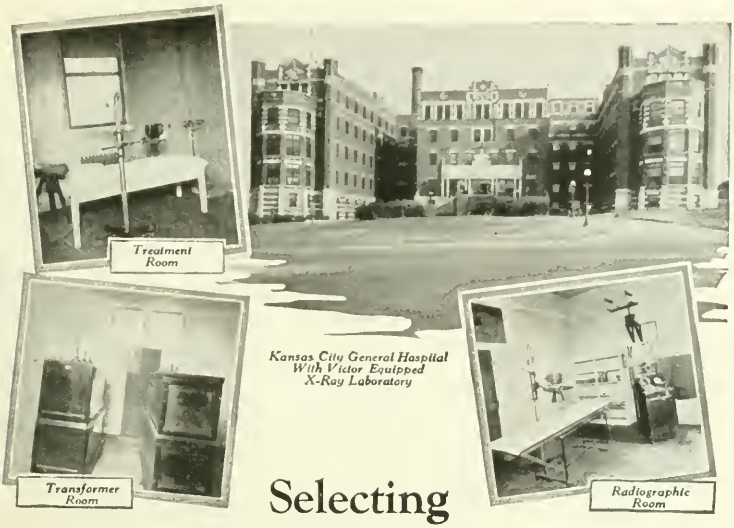

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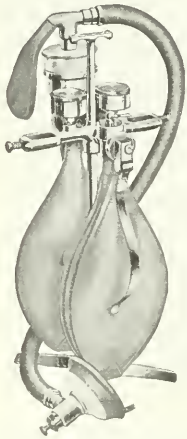

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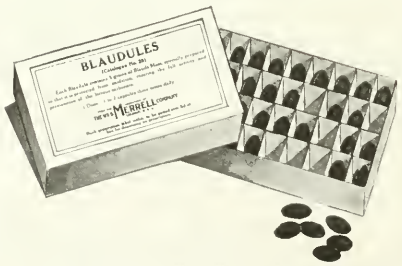

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DR. BEVERLEY ROBINSON

GENERAL PRACTITIONER, CLINICIAN, TEACHER

See the Editorial on page 4 of this issue.

The American Journal of
CLINICAL MEDICINE
Dependable Therapeutic Fact for Daily Use

Vol. 29, No. 1 January, 1922

Happy New Year!

One can begin so many things with a new person—even begin to be a better man.—George Eliot.

A DESIRE for change, for new things, is characteristic of most of us. Even more than for relations with new persons, in new surroundings, positions, places, does the eagerness to begin new things hold for certain seasons. The New Year, especially, is the time of good resolutions, of determinations to break off bad habits, to foster good ones. True, these New-Year resolutions are fated to be broken almost as promptly as they are made; but few of them are kept through the course of the first month. How could it be otherwise if we limit our goodness to things we are "going to do", if we attempt to pay our debt to Life, to Fate, with promissory notes that, often, are not secured by sufficient collateral. Promissory notes are a great convenience; they may make it possible for us to pass through a tight place and may enable us to take advantage of certain favorable contingencies. However, the business man who utilizes that method of paying his bills with "paper" too freely, will find ultimately that it is quite expensive in the long run. The wise man will not readily spend his money until it is earned, collected, and safe in hand.

In coming to the close of the old year and the beginning of the new, we are apt to feel a sense of relief, of turning over a new page. There is a peculiar fascination in starting new things. So, even though the days and the weeks and months come and go without any natural manifestations of "new" periods, the calendar has accustomed us to a habit of closing out accounts, transactions, and so forth, and starting new ones with the turn of the year. Then, as some one has said, "just in proportion as we are not contented with our sphere, nor satisfied with ourselves, do we reach out longingly to a better sphere and a worthier course of life; and, therefore, it is that, to so many of us, the end of an old year brings a sense of relief, in that its shortcomings and failures are now to be left behind, while the approach of a new year suggests a hope of something different and better beyond in the path we are treading."

That is just it; the oppressing sense of shortcomings and failures eased by the un-

quenchable hope of something different and better. No matter how often our hopes have been disappointed, they spring up anew constantly, looking forward to different and better things.

After all, there is something salutary in the innate dissatisfaction of the human mind; in its constant desire for change, for something better. The man who is entirely satisfied with his lot, who wishes nothing better, bigger, more nearly perfect, certainly can not advance; indeed, failing to progress, he will inevitably retrogress. For, there is no standing still. They tell us that perfection is unattainable to the finite mind. Be it so. Yet, the striving for perfection is worth a lot and serves to keep alive one's idealism, one's enthusiasm and one's determination to progress onward and upward. It was Lessing, we think, who remarked once that, if he were given the choice between attaining the truth and the striving for truth, he would choose the latter. For, he conceived that the striving for truth was more beneficial and uplifting for the human mind than would be even the actual possession of the truth. So, then, at the beginning of a new year is a good time to put behind us old errors and misconceptions, old misunderstandings and quarrels; starting anew with a clean slate, a fresh page, determined to record on it honest progress, conscientious effort and wholehearted accomplishment.

Foster relates that there exists a very beautiful custom in Germany, which it would be well to imitate everywhere. On the first day of the Year, whatever may have been the quarrels or estrangement between friends and relatives, mutual visits are interchanged, kindly greetings given and exchanged—all is forgotten and forgiven. It were well to let the close of the old year terminate all our quarrels and differences, to begin the new year with a firm determination to live with our neighbors in amity and unity; since (as the Good Book says) man does not live to himself alone, but must live, work, and have his being in cooperation with his fellows, because of his gregarious nature and his dependence upon others.

However, it would hardly do to limit, even by implication, the endeavor to do the best that is in us to the New Year's time. There is a close and a beginning of a day each twenty-four hours. We can begin doing the right thing at any time, not being limited to any particular season. To date one's good resolutions from a stated period like the New Year, is a (more or less unconscious) confession of insincerity, of indecision. Good resolutions are of value and worth only in the degree in which they are put in practice. That can be done as well on any other day as on January first.

However, irrespective of any good resolutions, of new beginnings, of changes, we do not wish to let this season pass without extending our cordial and sincere good wishes to all our readers:

A Happy New Year!

An engine that expends all its steam in whistling, has nothing left with which to turn the wheels. Then let us cultivate silence. All that we can save in noise, we gain in power.—Charles Wagner: "The Simple Life."

RENEW YOUR SUBSCRIPTION

New Year's time is the accepted period to make a new start, no less, to confirm yourself in your good undertakings of the past year. In the case of subscriptions to good, useful, serviceable journals, like CLINICAL MEDICINE, renewal subscriptions clearly are in order at the beginning of the year and of the volume.

Renew your subscription now. The January number is going to you as a matter of courtesy, even if you have not sent in your renewal. However, the postal regulations do not permit us to carry unpaid subscribers.

Please attend to this today. A subscription blank will be found in this issue of CLINICAL MEDICINE.

CLINICAL MEDICINE IN 1922

As CLINICAL MEDICINE greets its readers, at the beginning of the New Year and of a new volume, it rather prides itself on the brave new dress that it has donned for the occasion. We hope that you will like it.

Other changes, it will be noted, have been inaugurated with this first number of Volume 29.

When we discontinued the late Doctor Butler's department, "Just Among Friends," which he had conducted so greatly for the benefit of all of us, we regretted deeply that we could not at the moment think of anybody to whom we could turn it over

with the assurance that this department would be conducted in the same spirit as in the past. Further consideration has shown us that such a thing was not to be expected and perhaps was not desirable. "Just Among Friends" had been entirely subjective. Doctor Butler had given himself in it, his own views of life, his philosophy, his attitude with regard to men and things. It was believed that, a change being forced upon us through the course of events, this might be turned to advantage in many ways. So, we have considered a similar department which has the purpose to discuss problems that confront the doctor, not so much as a physician in the ordinary acceptation of the term, but, rather, in his office as a teacher, a counsellor and friend. Also, opportunity is to be given to discuss matters that concern the physician personally. This department will be conducted by Dr. William Rittenhouse, who has made so many good friends among the readers of CLINICAL MEDICINE since he became a regular contributor to the Journal. Doctor Rittenhouse's professional experience has been wide and varied. He has lived a long and rich life and has, in the course of years, transformed his information into knowledge and his knowledge into wisdom (compare Editorial in CLINICAL MEDICINE, October, 1920, p. 649). We believe that Doctor Rittenhouse's department will be helpful to all of us.

In place of the Query Department, it has been decided to conduct a department on "Good Medicine," which will have a wider scope and an even more important task than that to which the Query Department was devoted. Dr. George H. Candler, who is in charge of this new department, has been known to the readers of CLINICAL MEDICINE these many years for his practical and commonsense views in medicine and for the sound advice that he has given to his correspondents. He invites the readers of CLINICAL MEDICINE to express their wishes regarding those topics that are to be discussed in this particular corner of the Journal, which is to be devoted mainly to sound therapeutics, to the popularization of definite, positive, medicinal agents of well known action and effect. We believe that the department of "Good Medicine" will be immensely valuable and popular.

In the "Surgical Seminar," which Dr. Gustavus M. Blech is to conduct, the surgical phases of the general practitioner's activities are to be given attention. CLINICAL MEDICINE naturally has always been interested in surgery and realizes the importance of sound surgical principles fully as much as that of commonsense medical principles. It occurs to us that the initial article by Doctor Blech, on preparing for operating in a private house will be of great service to numerous physicians in country districts, who do not have hospital facilities readily available. The "Seminar" is to be conducted in just that way, namely, so as to assure the greatest possible good to those general practitioners who do at least some of their surgical work.

With these innovations, CLINICAL MEDICINE believes to have become of still greater service to its subscribers than it was in the past. Nevertheless, the Editors desire to emphasize again that, to conduct a medical journal is largely a cooperative affair. The Editors consider all their subscribers as potential collaborators and desire to secure as many of them as contributors as possible.

We can not procure one hundred percent efficiency with ten percent of effort.

"BACTERIAL VACCINES IN GENERAL PRACTICE"

In an interesting article appearing among the leading articles, in this issue of CLINICAL MEDICINE, Dr. A. B. Barker compares bacterial vaccines, as they are employed in the treatment of bacterial diseases for the purpose of producing an active immunization, with "the usual medicinal treatment of these diseases," greatly to the disadvantage of the latter. Doctor Barker speaks of the fallacy of this usual medical treatment which, he avers, is due to the fact that it is only symptomatic and not curative.

Without desiring, in the least, to detract from the value of bacterins and of biologic methods of treatment in general (which we conceive to be very great), we still can not agree with Doctor Barker, and with many other physicians who have become enthusiastic immunizators, in their almost contemptuous attitude toward the medicinal treatment of sick people which, after all, has stood the test of time, at least for cer-

tain disease conditions. We are convinced that the deliberate and wise administration of drugs can contribute greatly to bringing about a "cure" of an acute disease which usually is of bacterial origin; and that, very often, it can shorten its course and lessen the severity of its symptoms.

Before the days of bacterial vaccines, when the idea of intestinal antiseptics was first introduced, we well remember in our own experience being pleasantly surprised with the promptness with which symptoms of typhoid fever, for instance, would diminish in severity; no less than with the ease with which our typhoid-fever cases progressed to recovery. In those days, we employed various antiseptic drugs that could be depended upon to act in the intestinal canal; our favorites being the sulphocarbolates of calcium and sodium and (in some instances) zinc. We remember complaining, humorously, in the pages of the old ALKALOIDAL CLINIC that our typhoid-fever patients had become less numerous, for the reason that the early and prompt administration of the sulphocarbolates had, we felt certain, jugulated many an attack and thus had forced us to be satisfied with a small fee when, in the other event, a large bill might have been run up.

That, of course, is at it should be. Any means that the physician can employ to shorten an attack of disease and to controvert the old opinion that certain infectious maladies must "run their course" is legitimate and should be employed.

In other conditions, no less, many of the old-established and well-known drugs are of indubitable merit and even receive additional support through recent investigations in pathologic physiology. New reasons for the proper employment of strychnine, for instance, have been discovered in the recognition that it stimulates the adrenal apparatus to renewed activity and that the adrenal secretion is a necessary factor in the establishment of immunity. Our present conception of the action of such drugs as arsenic, iron, also quinine, emetine and especially the remedies exerting a direct action upon the cardiovascular apparatus demonstrate, beyond the possibility of a doubt, that a great many of the old-established drugs of our materia medica are important and possess definite modes of action.

In this respect, the results of the investigations carried out by the late Professor Burggraeve were of great usefulness. Burggraeve's writings were made available to English-speaking physicians largely through the ALKALOIDAL CLINIC and, in this manner, greater exactness and better selection of drugs resulted on the part of the American general practitioners. Of recent years, the definite researches carried out in numerous pharmacologic laboratories have contributed to demonstrate the power for good that is inherent in many of the active principles of our plant drugs.

So, then, we fully agree with Doctor Barker in his praise of the bacterial vaccines which have great possibilities for good. However, in adopting the new, we should never lose sight of the services that the old and tried remedies have rendered to us and we should never deprecate these older remedial agents just because they are old.

In our opinion, drug remedies are just as important and just as serviceable in their way as are bacterial vaccines and as are the physical and mechanical methods of treatment.

God sends his teachers into every age,
To every clime, and every race of men,
With revelations fitted to their growth
And shape of mind, nor gives the realm of Truth
Into the selfish rule of one sole race.
—James Russell Lowell: "Rhoecus."

BEVERLEY ROBINSON*

The snows of a new year have fallen, for, one after the other the years go by, like the index-cards we turn in a library catalogue. Would that the departed years, like the passing cards, could be recalled! This morning, we sat in the Library of the New York Academy of Medicine, and turned eighty-eight cards—each bearing the name of Beverley Robinson, and the title of an essay or monograph he had written. To read them all would be a postgraduate course in clinical medicine; for, the recurring motif throughout these contributions is the practical treatment of common diseases: For half a century, in the never-ending battle with disease, Doctor Beverley Robinson has remained on the firing-line. While others fostered interesting and unsubstan-

*In connection with this thumb-nail sketch of Dr. Beverley Robinson, written by that gifted medical historian, Dr. Victor Robinson, we refer the reader to the frontispiece of this issue of CLINICAL MEDICINE, which bears Dr. Robinson's portrait.—ED.

tiated hypotheses, he wrote a manual on inhalers and inhalants, what the nasal douche accomplishes and what it does not, and how to treat a cold simply and effectively.

Besides this dominant note of practicality, there are various other contributions characteristic of the man: The Care of Infants in Health; The Community and Tuberculosis; Groping in Medicine; A New Conscience in Medicine; Our Duty to the Criminal; The Personal Factor in Disease; Some Misleading Medical Fads of the Time. One by one we turned back the cards—would that the fleeting years could thus return!—and asked the librarian for the thesis, *De la thrombose cardiaque dans la diphtérie*. And as we looked through Beverley Robinson's graduating-thesis of 1872,—the very copy that, years ago, with his compliments, he had sent to A. Jacobi—we wished that the scene could change. We wished that, instead of sitting in the Academy, we were shaking the snow from our coat in front of 129 East 35th Street, and were entering through the opened door to greet the Doctor himself.

Ah, how many questions we could ask you, Beverley Robinson! You were born in 1844, in Philadelphia, the home of the oldest medical school in America: What nomadic instinct was it, that caused you to cross the ocean to find your Alma Mater in the University of Paris? And, so, you sat at the feet of Trousseau? Do you remember, that Oliver Wendell Holmes, in his farewell address, in recalling his own Paris days, admitted that, if he and his fellow-students had thought less of "science" and more of practical medicine, and had clung less closely to the skirts of the idolized Louis, but had followed a therapeutist like Trousseau who gave special attention to curative methods and not chiefly to diagnosis, it would have been better for him and the others? And, so, Georges Dieulafoy was your fellow-student? Magnetic and handsome and merry he always was; but, did he show, even during his student days, evidences of the gifts which made him one of the foremost clinicians of France? And, when you were house physician at Sainte-Eugénie Hospital, seeing much malignant diphtheria and performing many futile tracheotomies and post-mortems on the little patients, did you ever dream that from your own country would arise a savior of childhood? And later you studied in London, receiving a diploma from the Throat Hospital? And was it really signed by Morell Mackenzie himself? And, you knew this storm-petrel of laryngology, who added a scandal to the annals of medicine? And did this clever Scotch operator ever discuss with you his treatment of the German Emperor which caused him to be both knighted and damned?

These are only a few of the questions with which we would ply you, venerated Doctor. You have passed through so much that we would like to ask about. You were born before modern bacteriology, and anesthesia, and antisepsis; you are older than the ophthalmoscope, the laryngoscope, and the Bunsen burner; you were almost grown up when Virchow's Cellular Pathology and Darwin's Origin of Species were published. How distant seem Flint, Van Buren, Fordyce Barker, Lusk and Doremus to the present generation! Yet, in the early days of your professorship at Bellevue, you were the associate of these builders of American medicine; Alfred L. Loomis was once your chief; you knew Francis Delafield; you laughed with George F. Shrady; you were "Bev." to William T. Bull, Charles McBurney, Edward G. Janeway, St. John Roosa, and Cornelius R. Agnew. These teachers have left us, but, in meeting you, we can look into eyes that often looked into theirs.

> And did you once see Shelley plain,
> And did he stop and speak to you,
> And did you speak to him again?
> How strange it seems and new!

The snow enshrouds the ground and there is winter on your brow, Doctor Nestor! When the spring comes again, it will melt the snows, and will bring another birthday to Beverley Robinson. It will find a heart and mind where blooms eternal the springtime of a man's love for his profession and his fellow-men. Let us, then, with cheerful cordiality upon the hoary locks of Beverley Robinson entwine this garland of affection and esteem.

Victor Robinson, M. D.

Gratitude begets eagerness to go on.—Walter H. Page.

WHEN NOT TO OPERATE

The decision to operate as well as the decision not to operate in any given case, while not reducible to mathematical ex-

actness, should be based on very cogent reasons.

It is comparatively easy to tell a patient to submit to an operation in the socalled doubtful cases; for, assuming a reliable asepsis and a good technical operation, the risk involved is not as great today as it has been, say, twenty years ago. Besides, the advantages gained from a direct inspection and palpation of whatever part of the human anatomy is rendered accessible to the eye and hand, by surgical exposure, is very tempting to the average surgeon.

The decision not to operate, on the other hand, is not infrequently an act of intelligent courage, and that means that the surgeon has a diagnostic acumen of high degree. The object of this editorial is, to preach a sermon of sound conservatism. It is easy enough to advise even so "insignificant" an operation as an exploratory laparotomy, but it must be remembered that every operation, no matter how insignificant it may be as compared with the major, difficult operations performed in our large hospitals by able men, still bears the possibility if not the probability of great nay the greatest danger.

When we read that a young woman succumbed to sepsis following a simple perineorrhaphy at the hands of one of the greatest gynecologic surgeons of the world, when we see, as happened to the writer, death from fat-embolism following a simple appendectomy, we must pause and ponder before rendering a decision to operate. One might dismiss the entire problem with the ethical, or if that sounds better, moral admonition, to look upon every patient as if he or she were the surgeon's own and close kin, but science deals in facts, not in sentiments, and it must be assumed that every practicing surgeon has the moral stamina for his high vocation and that, if any errors occur at all, they are those of judgment rather than of morality.

It seems to us that the decision to operate should rest on indisputable facts—facts learned in the school of bitter experience

Human diseases lend themselves to a classification into surgical and medical cases easily, but the field in which this classification is and must remain doubtful—that of the socalled borderline cases—is still very large.

We know that appendicitis is a distinctly surgical affection, just as pneumonia is a purely medical disease; yet, there may be circumstances which will compel the conscientious surgeon to withhold the knife in the former, while the clinician will not hesitate to call on a surgical confrère for immediate, urgent and life saving surgery for complications in the later.

It is beyond the scope of an editorial to enter into technical details and, while a collation of the subjects of surgical contraindications may yet be published in another department of CLINICAL MEDICINE, a subject which is of tremendous importance to the entire medical profession, we cannot refrain from pointing out that the entire question rests on an exact diagnosis.

But, what is an exact surgical diagnosis? Surely not the mere naming of a given pathologic condition. An exact diagnosis will not only do that but will take into consideration all factors which enter into the surgeon's calculations with reference to the chance of success.

This means that, before operating even for a palpably surgical affection, the patient as an individual must be taken into consideration, for, the world is little interested in how wonderful the skill of a surgeon may have been, but very much so in the outcome of the operation.

The somewhat vulgar jest about the operation having been a success but the patient having died is the *vox populi,* emanating from a deeply-felt disappointment in the still great mortality of surgical therapeutics.

Take the following rather crude case as an example. A young man in apparently splendid health desires to be operated on for a hernia. There is no doubt about the indication for surgical therapy and a faultless operation is performed. A day or a few days after operation, the patient goes into a diabetic coma.

The writer recalls a similar case, except that the usual analyses and laboratory examinations revealed nothing abnormal. On visiting the patient, the evening before the operation, it was noted that he looked somnolent. Temperature 102°F. The operation was postponed and, a day or two later, a positive diagnosis of typhoid fever was made.

But, not only the organically demonstrable contraindications should be studied; the psyche of the patient, too, requires careful search; for, postoperative insanity is a calamity which will reflect on the operator under all circumstances.

The moral of it all is, that the decision

to operate, except in cases with vital indications, should be made only when every angle of antcoperative study has been gone into with extreme care, and that, whenever delay is at all possible, any local or general condition which is apt to render a surgical operation hazardous should at once call into action every known resource to remove the causes likely to result in surgical failure.

Some frauds succeed from the apparent candor, the open confidence, and the full blaze of ingenuousness that is thrown around them. The slightest mystery would excite suspicion and ruin all. Such stratagems may be compared to the stars: they are discoverable by darkness and hidden only by light.—Colton.

NURSING THE SICK

Since the days of Sairey Gamp, many changes have taken place in the calling of those devoted to the nursing of the sick. However, while we take Dickens' caricature of a sick-nurse, as depicted in the red-nosed, untidy Mrs. Gamp, with her objectionable fondness for gin, as a horrible example of what should *not* be, and while it is true that, for a long time, the care of the sick had been deputed to menials, it would be a mistake to suppose that the innovations and improvements inaugurated by Florence Nightingale, and through which the honored nursing profession was called into being, constituted the first instance of this occupation being followed by gentlewomen. The student of history and, no less, the reader of historical novels (such as, for instance, those by Sir Walter Scott) is fully aware that, in the Middle Ages, the ladies of the castle and of the manor devoted much of their time to those among their adherents and servants who were disabled by illness. Indeed, as early as 380 A. D. there are records of a patrician Roman lady, Fabiola, who founded a hospital in Rome with a convalescent home attached and who devoted herself and her fortune to the care of the sick poor. She had a rival in the Empress Flaccilla, the pious consort of Theodosius I. (A. D. 379-395), who also personally visited the hospitals and attended the sick.

In more recent times, especially through the instrumentality of Florence Nightingale, the odium of menial servitude, that had come to be connected with nursing work, was lifted and this happy change was not only due to Miss Nightingale's work but also to the fact that the title "Sister" is still employed as designating trained nurses, both in Germany and in England. It will be remembered, incidentally, that Miss Nightingale received part of her training in Kaiserwerth, where Pastor Fliedner had founded an institute for training deaconnesses (1836).

The need of nurses, highly trained, is being so universally recognized that the demand is not being met in all instances.

Doctors have come to recognize the nurse as a valuable coworker and realize that, in cases of special difficulty, the highly trained individual is well qualified to carry out their orders satisfactorily, as she has a greater appreciation of the needs of the case than untrained assistants could have. Nurses' training is not only in knowledge of disease and its treatment, but always are they taught that the responsibility belongs to the physician in charge. Their duty is, to care for the patient according to orders of the physician.

Until very recently, nurses did either bedside nursing or supervising work in hospitals. Now we find them in Public Health work, Visiting Nursing, Social Service Work, Army and Navy Nurse Corps, or Resident Nurse in Colleges, Laboratory Technicians, Industrial Nurse, Instructor in Hygiene, School Nurse, Office Nurse with Physician, Anesthetist and many others, all of these positions being satisfactorily filled by nurses.

With so great a demand for the services of nurses in these various lines of work, the young woman who enters the nursing profession will have opportunity to select the phase of the work which appeals most to her. In many instances, highly trained nurses with special ability are urgently required. Others are needed as teachers and to fill administrative positions. Still others are welcomed in diverse places where their specialized training is of great value.

The nursing profession opens to young women opportunities for service to humanity as does no other course. We have only to mention a few such calamities as floods, fires, earthquakes, railroad disasters, epidemics, and war, to help one to realize the truth of this statement. These we class as emergencies. We have always the sick and the poor who need our services.

In addition, we have industrial nursing, public-health nursing, school nursing, medical missionary work, institutional positions,

the army and the navy nurse corps, and many others, all interesting and worth while. There can be no doubt about the dignity and the great usefulness of nursing as a profession, and the young woman who decides to adopt that profession as her life's work should exercise great care in the selection of the school in which she is to receive her instruction. It is conceded that success in all kinds of work is largely a matter of personal qualities. Personality and quality of training, in some instances, have brought renown to the otherwise little known institutions.

For reasons of proximity and other associations, we are led to call attention to the Ravenswood Hospital and Training School for Nurses which is situated on the north side of Chicago and which has turned out many efficient and capable graduates. The last report that was issued by this institution announces a considerable addition that is to be built in the immediate future, consisting of a four-story building which will be connected immediately with the present hospital. The capacity of the hospital when completed will be one hundred and thirty beds, and its equipment will be fully modern in all respects.

The Ravenswood Hospital provides for its students an excellent course in theory combined with ample practical demonstrations and clinical opportunities.

In addition to the regular course, senior students have practical instruction in anesthesia and thirty (30) hours of practical work in the pathological laboratory.

The regular course covers a period of three years, three weeks' vacation being allowed each year. Also, one month is allowed for illness, and, in case the student loses no time, a month is allowed on the three years' course.

By affiliation with the Children's Memorial Hospital, a three months' course is given in the care of children.

Realizing that recreation is essential, opportunity is provided the nurses to plan and enjoy entertainment of various sorts. In addition, sight-seeing trips have been arranged for visiting various points of interest, such as Hull House, the Art Institute, South Water Street Commission Market, the Field Museum, The Abbott Laboratories, the Stock Yards, the Chicago hospitals, and various other points which not only entertain but furnish valuable instruction and broaden the life of the individual.

Physicians who are consulted by suitable young ladies, concerning a training school for nurses, may confidently recommend the Ravenswood Hospital and Training School as a place where efficient instruction is given.

The man who never has money enough to pay his debts has too much of something else.—J. L. Basford.

MEDICAL-PRACTICE LEGISLATION

At different occasions, we have had to comment adversely upon present-day tendencies prevailing in legislatures, not only at Washington, but also at the state capitols, that interfere unduly with the legitimate practice of medicine and hamper physicians in the exercise of their calling. The constantly reappearing bills offered for legislative enactment and tending to bring about compulsory health insurance, state medicine and various other alleged roads leading straight to the millenium have been discussed time and time again and shown to be evil, pernicious and destructive.

Just at present, great difficulty exists with regard to the notorious Sheppard-Towner Bill which is an insult to American women and more especially to American mothers.

However: It is all very well to criticize and condemn the prevailing tendency. The fact is, that matters relating to medical practice are not all that they should be and that it is urgently necessary for the medical profession to wake up and do some constructive thinking.

A friend of ours, who is a salesman for a manufacturing chemists' house, told us, the other day, that the physicians he meets sit back in their chairs and say: "Oh, well, it's bound to come. We can do nothing about it. When it does come, we shall give up practicing and go into something else."

That is not the way to deal with the problem. It is the coward's and the lazy man's way. The proper thing is, for physicians to rise up and make their own suggestions, their own proposals, and the carrying out of which would result in greater public good. The medical profession can be trusted to clean its house where it is required. It has merited the confidence and trust of the people to work for the best

of the community and the people. It is certain to offer constructive and usable suggestions, if its members will bestir themselves. Merely to say that a proposed bill is rotten, is not enough. What is needed is something definite in place of those things that are condemned.

We should like to have suggestions from all those of our readers who care to make them as to what can be offered in place of the epidemic of pseudo-medical bills that are being foisted upon the various legislative bodies of the country. Let us have a symposium of articles on the various subjects relating to the medical practice that are now being agitated in the legislatures; and, no less, let us try to view ourselves as others see us. Try to determine why the medical profession has lost the confidence of a large portion of the population. That this confidence is lost, is a sad fact. What are the reasons? How can we regain it?

The three foundations of learning: Seeing much, suffering much, and studying much.—Catherall.

WHEN IS THE PROPER TIME TO RETIRE?

Dr. Alfred N. Shotwell, Mt. Clemens, Mich., says that he wishes to retire while there may be something left beside the winding sheet. Mr. Bok outlines his views in his autobiography to the effect that a man should retire from active business at a time when he still can be interested in some occupation that need not necessarily be productive.

Our good friend, the late Doctor Waugh, also entertained the idea that a man should retire from active life while he had still some go and some power of enjoyment in him and before he was put finally upon the shelf.

Theoretically, a good many people share this view. They think that, after they have acquired a competency, they will retire and enjoy life. Unfortunately, the criterion as to what constitutes a competency changes with the years and, then, the ever-increasing demands necessitate further effort so that the ultimate restful and peaceful life in retirement never materializes.

They used to manage things differently abroad; at least, forty years ago, when the present writer was a boy in Switzerland. In that little country, as also in Germany and in France, people of the socalled better middle class would retire when they had made enough money to enable them to live in modest comfort on the interest of their capital. The magic title *Rentier* (meaning living on one's "renten," i. e., interest) after the name of one of these good citizens indicated that its fortunate possessor was living on his income and that he had enough capital to do so.

To retire from active life does by no means mean to indulge in a lazy life, or to enter an inactive mode of living. We have seen farmers in their early fifties "retire" from the farm. After moving to the village they would decorate the store for a few days, possibly for a few weeks, sitting around and solving the problems of the country, its government, its churches, schools, and so forth; and no less all the problems of world diplomacy. Pretty soon, however, one or the other would drop out, hire a team and go to work on the road or make the excuse of "helping the boy" back on the farm. Before long, they would be working as hard as ever.

Other men, who have been intensely active in business life, may decide to retire and are just as intensely miserable as they were happy before, when they have no longer the daily stimulation of contact with their fellows, of bargaining and trafficking, of bearing responsibility and solving difficult problems. A business man who never has been anything but a business man makes as poor a *"rentier"* as does a retired farmer.

Mr. Bok solves the problem beautifully by showing that retirement from active life does not mean retirement from all occupation. A man should prepare himself for retirement, a preparation which would serve a double purpose, namely, that of making the active business or professional life less strenuous and also of giving the *"rentier"* an interest in his retirement. The point is, that everybody should have a hobby, not a vocation so much as, rather, an avocation, an occupation that may be made worth while, at least in its inherent interest, although it need not be made productive financially. One of the most tempting and enjoyable hobbies is collecting things. Others are fishing, hunting, traveling, golfing, and so forth.

The desire for collecting is inherent in

us almost as a characteristic of the genus. The little boy collects marbles, postage stamps, strings, hardware of various sorts, with the same enthusiasm and abandon with which his sister adds to her little troop of dolls and to her doll-house furnishings. The young man and his sister (or another fellow's sister) collect college flags, posters and what not. The grown man may find his recreation in gardening and collecting a wonderful accumulation of tulip bulbs or fruit trees, or roses, while others prefer etchings, bookplates, paintings, statuary. Indeed, there is an inexhaustible field in which to indulge one's love of acquisition and thereby to occupy one's mind and leisure pleasantly.

Collecting without sense or purpose, though, is unprofitable and soon becomes a task. The adult stamp collector is able to tell you all about the stamps, the coinage, the flags and the geography of the various countries whose postage stamps he cherishes in his numerous albums. The collector of etchings will descant knowingly about the various etchers and designers whose black-and-whites form such charming wall decorations. The Maecenas of painters, sculptors, musicians and poets will take you and introduce to you his treasures of art and literature and, all through, the intelligent collector will familiarize himself with the peculiarities of the things that he collects and with the accomplishments that have been recorded in his particular field.

As for physicians, hobbies have been discussed before now which are suitable for them. If a medical man is wise and acquires a hobby during his active years, he will not only find enjoyable and profitable recreation in his years of strenuous work but he will, no less, have something to fall back upon when he finds it advisable to give up his active work or when he is in that fortunate position that he can announce himself as *rentier*.

There is nothing quite so pitiful as, for a business man or a professional man, to be obliged to work hard, to keep his nose on the grindstone when he has become actually old. The evening of life should be spent free from financial care. It should be devoted, like the evening after a busy day, to recreation and to pleasure. Naturally, such a profitable evening of a physicians' life must be made bearable in accordance with his individual tastes and according to his likings, but that will depend invariably on his personal predilections.

The day of life spent in honest and benevolent labor comes in hope to an evening calm and lovely; and though the sun declines, the shadows that he leaves behind are only to curtain the spirit unto rest.—Henry Giles.

THE ROCKEFELLER FOUNDATION

The Rockefeller Foundation has issued a review of its work for 1920, with its program for 1921. The little pamphlet makes interesting reading. The work for 1920 has been so extensive that its mere enumeration under nineteen heads would take up more space than we have to spare, and it is impossible to condense without leaving out much that is important. The fight against yellow fever, malaria, hookworm and tuberculosis has been continued with increasing vigor in our own South, in Central and South America, West Africa, France and China. Czecho-Slovakia has been aided in reorganizing its public-health laboratory system. In China, thirty-one hospitals have been aided in increasing their efficiency, and a modern medical school has been constructed and is being maintained in Pekin.

In short, medical education and the knowledge of sanitation and hygiene have been promoted in almost every part of the world. The Foundation is a shining example of what can be accomplished for the good of mankind by great wealth when it is in the hands of the right person. Its expressed aim is "to help increase the common store of knowledge about the causes of disease, and to diffuse this information as widely as possible among all peoples, and so promote the well-being of mankind throughout the world."

Any one can obtain a copy of this report and others by applying to the Rockefeller Foundation, New York.

POST-WAR PSYCHOLOGY

It is quite the fashion to attribute the present condition of the public mind and conscience to the effect of the war. It is undoubtedly true that there is widespread demoralization, and that the war is partly responsible for it. The lack of conscience shown by profiteers of high and low de-

gree, by manufacturer, merchant and laborer, the widespread dabbling in anarchistic beliefs, the contempt for law for the sacredness of human life, the disregard of religion, the ignorance of the Bible, the lack of interest in sound knowledge, the wholesale absorption of trashy literature (look at our "best sellers"), the craze for amusement to the exclusion of sound entertainment, all these and more do exist. But, we were drifting in that direction long before the war.

[Our librarian takes exception to the statement about the wholesale absorption of trashy literature. In her experience, in public libraries, young boys (more than girls) prefer really good reading, providing that it is not forced upon them. That is to say, the boys like to browse around and look over the books in the stacks. They will accept each other's recommendation but not that of the library attendant, as a rule. However, the fact is, that they read with preference boy-scout stories, travel books and such; which may be called regular boys' books. Girls are somewhat more sophisticated. As for grown-ups, the reproach of trashy literature unfortunately is justified in a great measure. Still, even then, there seems to be an encouraging return to good books, judging from the calls made at the loan desks of public libraries.]

It seems to the writer that the causes lie nearer home, that they consist mainly in faulty education, both intellectual and moral.

Intellectual education has been retrograding in some directions. The draft revealed an appalling condition of illiteracy in our young men, and thoughtful people, who are in close contact with the graduates and undergraduates of our educational system, can not help feeling anxious for the future. We have been letting down the standards of education, eliminating hard things, forgetting that the great aim and end of study should be mental discipline, and that little discipline can come from easy things. Children used to study at home evenings; now, things are made so easy for them that they don't need to—they go to the "movies" instead. In our itch for something "easy" and something "new," we have discarded educational methods that have stood the test of centuries. For example, arithmetic and grammar have been emasculated by eliminating the hard things, until our graduates are pitifully lacking in practical knowledge of those subjects.

In moral education, matters are even worse. Practically, there is no such thing any more. Our young people are lamentably ignorant of the Bible and of the foundation principles of right and wrong. Whatever may be said of superstitution in religion, one fact stands out clear and self-evident: namely, that no motive for human betterment has ever been found equal to *conscience*, and no way of developing the conscience has ever been found equal to the teaching of religion. If the world is to be saved from reverting to barbarism, it will be by an enlightened public conscience; and this, if developed at all, will be developed by the combined influence of education and religion. Education, alone, leads to what we have seen in Germany—a reversion to barbarism so far as the moral nature is concerned. Religion, alone, leads to superstition. Only the two combined can uplift the race.

Exert your talents and distinguish yourself, and don't think of retiring from the world until the world will be sorry that you retire. I hate a fellow whom pride or cowardice or laziness drives into a corner, and who does nothing when he is there but sit and growl. Let him come out as I do, and bark.—Johnson.

OLD AGE

In a current magazine,[1] a thoughtful writer—an old man who has retired from business—contributes an article of interest on the subject of old age. Among other things, he discusses the difficulty he experiences in getting advice about his health, that is practical. He takes the ground that he knows his own system better than the doctors can. Is it not true that they are inexperienced in old age?

Perhaps there is some truth in this. In advising an old person, a doctor of middle age or younger is at a disadvantage. The conditions of old age are so peculiar that they are largely outside of his experience. Even the old doctor finds some difficulty in entering into the needs of another old person, because of the universal tendency to judge others by ourselves, a thing which can only be done to a very limited degree.

It is probably true that any intelligent person who has been a careful, open-minded observer of his body and its functions

[1] *Atlantic Monthly*. Jan., 1921.

should be able, at sixty, to guide himself for the rest of his life more successfully than any one else can do it for him. But, how many men have been careful, open-minded observers of their own bodies? Ay, there's the rub, as Hamlet says. So, the great mass of mankind will do wisely to lean even in old age upon the best professional advice obtainable.

The old doctor enjoys a privilege denied to other old men. In most occupations, the old man gets the cold shoulder. The employer wants young men, and it is often very difficult for the old man to find an occupation that will keep him from poverty. But, the world attaches the reputation of wisdom to the old doctor and to the old judge. The reason why we are justified in expecting wisdoms from the aged professional man is probably this: A faculty develops by being exercised; the intelligent doctor is constantly using his judgment which is constantly improving in consequence; so that, towards the end of a long life, the result should be, to produce the ripest wisdom humanly possible. The proverb says, Old men for counsel and young men for war.

Unfortunately, old men too often become narrow, egotistic, trivial, fault-finding, childish, reminiscent and garrulous. So common is the latter that Oliver Wendell Holmes made a pun on the close association of dotage and "anecdotage." The chief danger with the old doctor is that of becoming mentally anchylosed—no longer open-minded to new ideas. When we begin to refer to "the good old times," we are in danger. They seem good because distance lends enchantment to the view. The times of today will be referred to as the good old times when our young people grow old.

Of course, some of the mental errors of age are due to senile degeneration of the brain cells; more often, though, bad habits are to blame. Character is a growth, or, if you like, a building. The man who in middle life indulges in anger, fault-finding, selfishness, and self-conceit can not by a sudden miracle become a kindly, lovable old chap at sixty. He who is all his life building a shanty can not suddenly transform it into a palace. If we wish to be sought after in old age instead of being merely tolerated, if we want to be wise, genial, kindly, and good-tempered, we need to cultivate those qualities for a score or two of years. Figs do not grow on thistles.

The writer referred to believes that intelligent senectitude has an opportunity, and a duty to the world. "In social and economic conditions, we are drifting perilously near to wrecking reefs, and the very basis of our civilization is in the greatest danger for want of the aloofness and impartiality which age can bring to them. We oldsters do see these things in a truer perspective, and the time has come to set them forth, despite the certain penalty of being voted pessimistic and querulous."

That is certainly the greatest obstacle in the way. The warnings of age so often fall upon deaf ears that those who have a message to deliver are inclined to refrain for peace's sake. And, yet, wisdom is justified of her children. The aged Joffre made his masterly two-weeks' retreat against the advice of all his younger generals, but they now admit that it saved Paris and the war. So, too, time has justified the views of the venerable Lord Roberts in England, of the aged von Moltke (in 1870), and the warnings of Jeremiah to the Jewish nation.

"Today, the world needs the wisdom which no learning can give; that sees the vanity and shallowness of narrow partisanship, of creeds that conceal more than they reveal, of social shams that veil corruption; that sees the insanity of the money-hunt that monopolizes the energies of civilization, and realizes that, with all our vaunted progress, man still remains essentially juvenile, much as he was before history began."

Leading Articles

Jean Paul Marat, M. D., Physician, Scientist, Revolutionist

Sketch of a Little-Known Period of Activity of this Celebrated Character

By W. F. von ZELINSKI, Ph. G., Sc. B., M. D., Camp Meade, Maryland
Major M. C., U. S. Army.

IN THE Art Museum of the city of Nantes, in France, amongst a fairly notable collection of paintings, is one depicting the assassination of Marat, the victim of a knife in the hands of Charlotte Corday; which, as a work of art, made a very vivid impression on my mind. Another very striking exhibit in the same institution is illustrative of the guillotine in action. These were my first local introductions to reminiscences of the historical upheaval known as the French Revolution. A little later and quite consistently, thereafter, I met with fresh evidence of that phenomenon throughout France. I recall such impressive testimony as the collection of bones of the royalists who were massacred at Ouibéron, on the Brittany coast, after an unwise attempt to regain their native soil following an exile in England. A pretentious monument near the Shrine of St. Anne d'Auray marks the resting place of these bones which may be viewed by the interested. Of the other souvenirs that personally impressed me, also, was the decapitated state of the sculptured saints which so commonly decorate the exterior of the churches throughout the country. In the city of Lyons is a magnificent equestrian statue without name and presumably representative of King Louis XIV. It is said that it was saved from complete destruction only because some one had the presence of mind to carve on its base the words "The masterpiece of a native of Lyons." Paradoxical, this, as doubtless many other even greater works were sacrificed by the heedlessness of the revolutionists and with far better reasons for their continued existence.

It is not, however, with the Revolution itself that I wish to deal, but rather with one of the leading characters of that time. Most of the celebrities of that period have already been placed in that niche of history which they were destined to occupy. But, there is one among them of whom I question that he is known, at least on this continent, except as the great "Demagog" and who suffered a justly deserved death at the hands of an obsessed or inspired visionary. His fame or infamy, such as it is and as the English speaking peoples know it, is perhaps due mostly to the way in which he is depicted by Thomas Carlyle in his brilliantly and powerfully written though inaccurate history of The French Revolution.

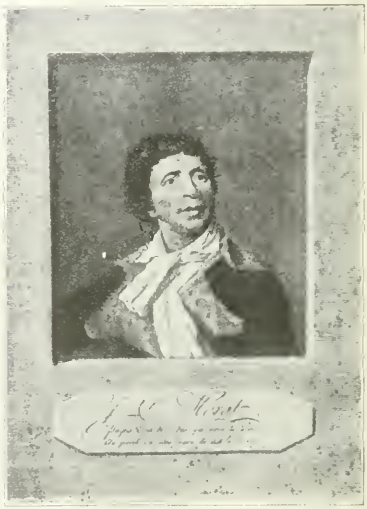
Jean Paul Marat, or, to give him his homonyme, *l'Ami du Peuple*, was not only one of the most extraordinary of the revolutionary figures, but, in addition, was as, I feel assured, not many are aware, a practicing physician and scientific experimenter who played no mean part in the scientific investigations of his times. It is because of this as well as his conspicuousness from a historical standpoint that a study of his career attracted my notice and interest. This paper will concern itself with the little-known period of activity in the life of Marat which, I believe, will be of interest to most medical men and, especially,

those who, like myself, have a leaning toward records of past events. A thumbnail sketch of his life may be found in virtually any encyclopedia, apparently one having been worked over from the other and some of them quite misleading.

Biographic Data on Marat

Beginning then at about Marat's sixteenth year, at which time, in addition to general studies, he had received instruction in and had knowledge of French, English, Italian, Spanish and German, it is found that he was already anxious to advance himself along scientific lines, and that, to this end, he solicited of Louis XV the favor of being attached to a Royal expedition on its way to Tobolsk, for the purpose of making some astronomical observations. This favor was denied him, very probably on account of his youth. A few years later, we discover him as a tutor in a prominent family of Bordeaux. Here he remained for about two years, and, during this time, he competed for a prize offered by the local Academy of Belles-Lettres, his subject being an essay on Montesquieu, which, though it was found to have some merit, did not bring the author any more than an acknowledgment of his paper. Following this, he disappears from Bordeaux and for about three years thereafter is presumed to have sojourned in Paris or Holland or both. About 1769, he is found in London as a practising physician. Between 1770 and 1773, there is evidence of his presence in Newcastle where he rendered service during an epidemic and is said to have received a diploma conferring on him the freedom of the city. It is also during this period that he wrote and published "The Chains of Slavery" and his "Philosophical Essay on Man," being an Attempt to Investigate the Principles and Laws of the Reciprocal Influence of the Soul on the Body.

In some of the earlier biographies of Marat, it is stated without comment that, during his stay in England, he was guilt of and convicted for the theft of some medals from the Oxford Museum. The consideration of this allegation, while not wholly germaine to the subject, is deemed worthy of inclusion in this study. The theft in question was committed in February, 1776, and the thief apprehended at Dublin near the end of the same month. A sentence of five years at hard labor was assessed at a trial held in March, 1777. Marat's history shows that, in 1775, he had received the degree of Doctor of Medicine from St. Andrews University, Scotland. In November of the same year, he published an essay on gleet, dedicated to the Honorable Company of Chirurgiens of London. In January, 1776, appeared his brochure entitled "A Singular Disease of the Eyes;" and, in 1777, his reputation as a physician stood so high as to gain for him the honor of being named Brevet Physician to the Guard by the Comte d'Artois, afterwards King Charles X of France. The



Engraving from a painting of Marat by Boze. Very probably his best likeness.

name of the rascal who actually was guilty of the offense was given as John Peter le Maître, alias Maire, alias Mara. Nothing in the history of Jean Paul Marat could lend color to an accusation of stealing except the slight resemblance in the name. In this matter, an unprejudiced person may well be disposed to accept his statement made in another connection, about 1790, "Since the age of 16, I have been absolute master of my conduct. I have lived two years at Bordeaux, ten in London, one in Dublin, one at The Hague, Utrecht and Amsterdam, and nineteen years in Paris. I have traveled over the half of Europe where one is compelled to register with the authorities. I defy anyone to find

my name noted for any unlawful act. Moreover, I defy any person under the heavens to reproach me with a dishonest act."

Marat, the Physician

It has been mentioned that Marat received the degree of M. D. from St. Andrews University. Apparently this was bestowed as an honorary title and, so far as my investigations go, it was the only degree held by him, although the title pages of most of his publications mention him as being a graduate of several English Faculties. The degree in question was conferred on the recommendation of Hugh James and Wm. Buchan, themselves M. D.'s of Edinborough. The paper on gleet, written by Marat while he was practising in London contains observations that are pertinent even at the present day. He notes, for instance, "It is not rational to employ desiccative bougies while suppuration is abundant. One may arrest the flow of discharge for the time being but it will soon reappear. Moreover, with the bougies commonly employed, suppuration may be extended to all parts of the urethra, instead of remaining localized at the original seat of the disease which is an ulcer in the canal." He advocates the use of injections of solution of Sal-Ammoniac and bougies of a different shape and consistency than those of Daran which were extensively employed at that time. He cites a number of cases treated by his method, all with happy results. Contrary to the custom of the times, he does not mention his patients by name but by their initials, remarking in this connection that discretion is one of the duties of the physician; but, the truth above all else even though this may cause displeasure.

The essay on "A Singular Disease of the Eyes" dealt with several cases of amaurosis presumably due to intensive treatment with mercury. The real etiology is, however, a matter of doubt. The treatment is outlined as follows: Mild laxatives in the form of infusions are first given, followed by a regulation of diet, together with a régime that calls for abstention from alcoholic preparations of all kinds, as well as spices, chocolate and coffee. The avoidance of cold, exercise, labor and violent passions is also enjoined. Foot baths are recommended as are "antispasmodic fumigations." By these means, he states, he expects to lessen the irritation of the muscles of the eye and diminish engorgement; thus vision gradually returns. Then recourse is had to electricity at the angles of the eyes, morning and evening, and a small gum plaster is applied to the same place, while over or on the eye application of an infusion of milfoil leaves with two grains of nitrate of potash is made. These remedies are intended to relieve the local engorgement. After sight has been restored, there remains yet some feebleness, he states, which may be relieved by frequent lavage with fresh water. "Such," says the author, "is the method which I have always employed with success in the cure of these diseases."

Marat's Medical Success in Paris

In 1777, Marat left England to establish himself permanently in France. There, in the city of Paris, we again find him engaged in the practice of the healing art and in which he seems to have attained a considerable reputation among a quite well-to-do clientele. His fees ranged from about 5 francs to as high as 180 francs for a consultation. A letter written about this period has been found which may be indicative of his position as a practitioner. "Absorbed as I am by many occupations, I am obliged, my dear Comte, to neglect many sick in order to find time to give you a consultation on the condition of Mme. du Mesnil." The following is found in one of his note books: "Many ill of distinguished rank, who have been abandoned by practitioners and whom I have restored to health have joined with my friends to establish me in the Capital. The rumor of the striking cures which I have made has attracted great numbers to my door which is continuously besieged by the vehicles of those who come to consult me from all parts. My knowledge of nature gives me a great advantage; the rapidity with which I observe, my certainty and tact and my many successes has caused me to be called 'The Physician of the Incurables.'" While some of this matter may seem exaggerated on the face of it, there is no evidence of its public circulation during the author's lifetime.

Marat's Success in Treating Consumptives

In those as in our own times, assiduous search was being made for a cure for tuberculosis which early attracted Marat's efforts. He at length worked out a formula

which, on limited trial, gave rise to considerable hope. One of the pillars of his clientele was Madame de Laubespine, a niece of one of the most distinguished ministers at the Court of the Bourbons. This lady had been ill for about five years. Bouvard, one of the celebrated physicians of the day, not only pronounced her case hopeless but limited her further existence to about 24 hours from the time when he saw her last. Marat was recommended to her as one who was audacious in his means and capable of tiding over a situation when hope has been abandoned. He was sent for, called and examined the patient; promised a cure and, better still, kept his promise. This case became quite celebrated and was reported in one of the medical journals, following which Marat was urged to give the details of his treatment. The keystone of his treatment was an artificial mineral water, the composition of which he refused to divulge at this time. Subsequent analysis showed it to be a solution heavily charged with lime salts. For the rest, the treatment consisted of infusion of bitter almonds, laxatives, cinchona, and inhalations of balsams together with large doses of ambergris in cow's milk. Note is made that the patient was too weak to permit of bleeding. In the matter of diagnosis, particular attention was paid to the expectoration which was to be examined most carefully. The diagnosis of the case was questioned by the medical men of the day and the discussion was prolonged and waxed quite caustic. Finally, the husband of the patient, a Marquis, projected himself into the controversy and was given space in the journal that had originally reported the case. He invited the credulous to call in person if they so desired and make an examination. It was his wish to make positive his assurance that Marat was the discoverer of a cure which was almost in the nature of a resurrection. As a consequence of the notoriety attained by this case, consultations by letter were demanded by people throughout the country. A record of one of these I find quite interesting from several standpoints. A lawyer residing in Lyons, wrote to his brother, a medical student in Paris, to visit Dr. Marat and obtain a consultation regarding the illness of his wife; which he did. He was questioned on the following points:

"Does the patient have pain in the chest: are there tearing sensations when coughing; is this referred to the sides or to indifferent points of the back? Is the sputum tinctured with blood; is pus present? Has she been subject to rhums (flux, watery or catarrhal discharge)?

"Does she experience any changes during variations in the atmosphere; is she or has she been subject to hemorrhages?

"How is her appetite? Does she have night sweats? Is there a slow fever? Is she in a marasmic state?"

The student writes to his brother that he consulted with Dr. Marat as requested and was told that it would be more prudent to continue the treatment which the patient was receiving a Lyons rather than to carry out the advice of a man a hundred leagues away, who can only prescribe at the moment he is writing, during which time there may be an entire change of symptoms. He states also that he was informed that doctors who endeavor to practice according to mathematical formulas and not according to principles are not pleasing; they cure few and kill many. Moreover, a consultation at a distance can not be compared with a direct examination which is always preferable. A postscript adds "Dr. Marat appears somewhat expensive; the consultation cost 24 Francs and the little paper which I send you, 12 more." The little paper referred to is a prescription for Hoffman's Anodyne of which 12 drops are ordered twice daily.

Marat, the Scientist and Philosopher

What has been so far stated gives, I hope, a general idea of Marat as a physician and we now pass on to a review of his work along general scientific lines which he apparently for a time carried along with his medical practice. The treatise on man, already published in English, and which had received some flattering notices, was now rendered into French. In this work, as in many of a like nature written by others, the question of the seat of the soul occasioned much speculation. (The word "soul," as used in this essay, must not be taken in the Augustinian, or spiritual, sense but rather in the sense of sentience and consciousness in general. It should be remembered that the French word for soul "âme" is also used for mind, genius, conscience, spirit, feeling and sentiment.)

Marat fixes the seat of the soul in the meninges, in proof of which he cites that

the slightest inflammation of the meninges affects the mind, while it is possible to mutilate the brain itself without affecting the mind. Experiments are cited in which the author applied a ligature to the nerves and found that the sensation below the ligature is abolished, from which he concludes that impressions do not reach the soul because the flow of nervous fluid is interrupted.

The work covers a wide field, for notes are found on such subjects as pity which is stated to be an artificial sentiment acquired by association. On the subject of love, it is stated that it accelerates the pulse, brightens the eye, animates the expression, gives life to our tasks and grace to all our movements. Of the sense of touch, it is said that it is not limited to the skin but is also active in the interior of the body, confirmed by the impression of the sweetest kiss or the painful misery of an acute colic. Issue is taken with the opinion that there are but five senses and two additional are mentioned, namely, hunger and thirst. The reason, we are informed, for the difference in minds is due to the disposition of the various organs. The impetuous Aeschylus, the tender Tibullus, the touching Fénelon, the sublime Corneille, the profound Montesquieu and the inconsequential Voltaire; indeed all men are controlled by the constitution of their bodies as well as the character of their minds.

Throughout his work, the author differs with or takes exceptions to many of the current views of the day, but the proofs submitted to show the faulty reasoning of others are as wanting in conclusiveness as were the theories which he sought to disapprove. There is always, however, a certain originality in the manner in which the arguments are presented, these being almost theologic in their dogmatism. An endeavor is made to make the work comprehensible to the average mind, but the best that can be said of his efforts is that, while he failed to gain general popularity, his works attained the distinction of being violently attacked by the encyclopedists who apparently leagued themselves against Marat for no other reason than that he dared to question some of the greatest of them; in this instance, Helvetius and Diderot. Nor did he hesitate to cast doubts on the opinions of other celebrities. Galen, Aristotle, Plato, Socrates as well as Montaigne, Boerhaave and Descartes are impartially brought to judgment on the question of their mental capacity, and their errors are duly exposed by the author, who gives ample evidence of his familiarity with the writings of this galaxy of intellectuals.

The Controversy With Voltaire

Voltaire, that prince of critics and master of irony and sarcasm, was able to find material in Marat's book on which to exercise his wit. He reviewed the Essay on Man in one of the current journals and wrote, "The author is stimulated by the great desire to instruct people of every condition and to impart all the secrets which have been the object of research this long time. We wish to be permitted to say at the start that, in entering into this difficult field, an illuminated genius such as the author of this work should observe some precautions in regards to those who are to read his works. It would be wise to demonstrate the new truths before deprecating those which have been announced by the Messrs. de Buffon, Haller, Le Cat and some others. One would commence by rendering justice to all who have endeavored to impart some knowledge concerning man, and to at least know something of the subject on which one writes; and, when one has nothing to say except that the seat of the soul is in the meninges, one must not lavish contempt on oneself over a point which disgusts all readers and over which one could weep. He (Marat) invokes the author of the New Héloise and Emile. It is delightful for a medical man to cite two romanticists instead of Boerhaave or Hippocrates; but it is thus that one writes often in our days; one confounds styles and systems; one sees everywhere Harlequin cutting capers to enliven the pit." Some years later Camille Desmoulins reminded Marat of the occurrence. "You remind me," said Marat, "that Voltaire made sport of me. It seems to me that one is less injured by the irony which seeks to wound than by the feeling of having merited criticism. I know that the laugh might have been on Voltaire if an opportunity had been afforded me to insert my response alongside of his diatribe. So, instead of amusing the crowd at his intended victim's expense, he succeeded only at his own cost."

[To be Concluded]

My Twenty Favorite Drugs

4.—Digestives

By WILLIAM RITTENHOUSE, M. D., Chicago, Illinois

THE proper digestion and assimilation of food are two of the most important functions of our bodies. Without them, the individual suffers not only from lack of proper nutrition, but from the production of poisonous substances which invite disease more or less serious. This being so, it follows that the effort to secure good digestion is one of the most important duties of the individual, and should receive careful attention from the physician. And, yet, this is exactly what we do not find. Most people pay no attention to their digestion until compelled to do so by suffering. Moreover, strange to say, many physicians pay little attention to the subject, and, when it is forced upon their notice, they seem unable to do effective work. They are sceptical or indifferent in the matter. It is not uncommon to hear such expressions as: "Preparations of pepsin amount to nothing except to amuse the patient", or, "Those people who are always complaining of their stomachs are mostly hypochondriacs or cranks." Now, I submit that a doctor who takes such an attitude is guilty of inexcusable indifference to his patient's welfare. Careful observation would soon convince him of his error.

Personal Experience Always Instructive

It was, perhaps, for me a blessing in disguise that, at the age of twenty-one, my digestion was utterly and completely broken down, thanks to my having "boarded 'round" for three years as a country school teacher. In the food that I had eaten during that time, there were two varieties of badness—part of it was so rich that only a healthy alligator could have digested it; the other part was so poor in quality that a hog would have grown thin upon it. [A voice over my shoulder: "Did you?"]. Both kinds were prepared in absolute ignorance of anything like culinary skill. We often hear expressions of laudation of "the plain and wholesome food of our boyhood" and "the healthful diet of the farmer's family". But, such expressions belong in the same category as "the good old times", "the days when everybody was honest". When the poet Campbell wrote, "'Tis distance lends enchantment to the view", he showed himself a keen observer. The truth is that the good old times never existed except in our memories, as we grow older and forget that the good old times were liberally sprinkled with a seasoning of bad old times. Nowhere was or is there greater ignorance of what wholesome food means than used to be found in the homes of farmers fifty years ago—always admitting some bright exceptions.

When I say that my wrecked digestion in early life was a blessing in disguise, I mean that it compelled me to give attention to the subject of diet. I was further fortunate in the fact that our old family physician was a man of strong, practical common sense, and early impressed upon me two ideas: first, that observation and experience were better guides than any amount of fine-spun theories; and, second, that our bodies possess a more wonderful power of recuperation than is generally believed, if only we remove obstacles from Nature's path. It is to these two great truths that I owe not only my restored digestive vigor but also my recovery, when approaching three score and ten, from conditions that in most persons would have meant death or chronic invalidism.

Merits of Digestants

To return to the subject of disgestives. When, in young manhood, I found my stomach a wreck, I tried for several years to restore it to its normal function by hygiene and diet alone, but with very poor success. When I took up the study of medicine, I soon saw that, to restore my stomach to its normal digestive power, it might be necessary to aid it temporarily with digestive medicines; in other words, that it might be benefited by a digestive crutch for a time, just as an injured limb may be helped by a wooden crutch. In depending on diet alone to cure a ruined digestion, I found that the result was a

gradual narrowing of my dietary, until there were left very few kinds of food that I could eat without distress. So I adopted the opposite plan. I reasoned that a healthy stomach ought to digest all ordinary wholesome good; and that, when it could not do so, it needed artificial aid to bridge over the critical period until it had time to recover, to a degree, its normal function. Acting upon this theory, I made use of artificial digestives.

Many firms of manufacturing chemists put upon the market a preparation, either in the form of powder, tablet, or elixir, containing the four principal ingredients of the digestive secretions; namely, pepsin, pancreatin, diastase (or similar ferment), and some form of acid (hydrochloric, lactic, or acid lactophosphate of lime). Such a combination will help an enfeebled stomach by doing some of its work for it. Of course, such a remedy must be used judiciously. To use it constantly is to become dependent on it. It should be used only when needed, allowing the stomach to do its own work whenever possible. By giving it habitually an hour or more after eating, it will often be possible in time to omit it when digestion is going on comfortably. By following this plan for several years, using the digestive less and less frequently, I gradually restored my digestion to very nearly the vigor of boyhood days.

With this experience of my own, I naturally applied the same idea in my practice, and with the same success. I dispense a tablet similar in composition to the above-mentioned formula. Some doctors tell me that they do not get results with digestive remedies, but my experience is directly the opposite. Not only do I see a benefit to the patients in their improved condition, but the patients themselves see it and come back for more, as well as sending their friends. This tablet is emphatically a business-builder.

The principle seems to me entirely rational. Are not practically all cases of disease benefited by keeping digestion and nutrition as nearly at par as possible? And is not good digestion a reasonable preventive of disease?

Of course, there are many different forms of indigestion, both gastric and intestinal, and treatment may be varied according to condition; but it is a clinical fact that the combination referred to will help a large majority of cases where digestion is impaired. In general practice, many patients can not afford the laboratory examinations that are necessary in the more obscure and difficult cases; and, usually, they do not need them. It may be said that this is empirical. However, if all empirical treatment were to be rejected, the public would be distinctly the loser. We often get results that we can not fully explain, but, the main thing is, getting the results. If the patient is benefited and pleased, why should not the doctor be satisfied?

2920 Warren Ave.

Active-Principle Therapy*

By WILLIAM T. THACKERAY, M. D., Fowlerton, Texas

I HAVE been requested to talk to you on "Active-Principle Therapy" and while, at this day, over half a century of its existence has passed, I feel that it is "carrying coals to New Castle" to address a body such as yours upon such a subject.

I will introduce my paper by saying that, in my student days, in the early sixties, quinine and morphine were the only active principles in general use by the medical profession. Strychnine was used to a limited extent, but each dose given was watched in anticipation of untoward results (and, at that time, 1-60 grain was the maximum dose), while aconitia, as it was then called, was looked upon as a dangerous toy of the chemist and one not to be used upon the human subject.

Notwithstanding the variable character of the galenical preparations and of the crude drugs themselves, which was fully recognized, the idea of giving such a dose as ½ milligram of such a drug as aconitia was looked upon as too heroic to be practiced with impunity.

It was at this time that Burggraeve, the

*Read by invitation, before the Atascoa County Medical Society.

surgeon, became Burggraeve, the clinician. Discarding completely the use of crude drugs and their preparations, he commenced his battle with time-honored theories and presented a series of newly-established facts. Thus, what he called Dosimetry was born, and the infant has grown to a strong and vigorous manhood spreading its force over the whole of our earth.

Quantitative Variations in Crude Drugs

Perhaps the first drug, to occupy the attention of Dr. Burggraeve, was nux vomica. Of this he found that, at times, it was necessary to virtually double the dose, in order to gain the desired results; while with strychnine, given at first with some degree of apprehension, he secured positive results at all times. His inquiries as to the cause led him to the chemist. He learned then, if not before, that nux vomica was a compound containing both strychnine and brucine and that these did not always occur in the same proportion, one or the other predominating. While brucine has practically the same physiological effect as strychnine, it is much weaker and requires a much larger dose to produce the same result as is the case with strychnine.

The further studies of crude medicinal drugs showed still greater variations in the active principles, many of these being diametrically opposed to each other in their physiological action. Thus, in jaborandi, pilocarpine exerts a prompt and powerful action on the sudoriparous glands, increasing largely their secretions, while jaborine acts in a directly opposite manner. Therefore, if a tincture of jaborandi, made from a sample of drug in which the jaborine predominated were used, it would cause the physician to doubt either his medicine or his diagnosis, because of the effect contrary to that he intended to produce.

Opium, the great sheet anchor of by-gone days, and even today used in many instances, is perhaps the most complex of all of nature's compounds. It contains several active principles besides acids and fats, which vary in virtually all samples, in contents as well as in medicinal value. Opium has been dragged apart by the chemists and its various principles tested by the clinician so that at the present day we are thoroughly familiar with all of its virtues as well as its vices.

I recall an incident which happened some years ago at a meeting of a medical society where I occasionally read papers on active principle therapy. A prominent member reported the death of two infants, with symptoms of strychnine poisoning, after he had administered laudanum to each of their mothers; the laudanum used in both cases being furnished by the same druggist. The doctor asked whether any of the members had had a similar experienc. I said: "Mr. President and confreres: I call your attention to a paper on opium read in this meeting a short time ago, in which I called attention to the effect of thebaine, one of its salts, and which acts medicinally like strychnine. But, it is infinitely more powerful in action and evidently predominated in this case. Why will you continue to use a crude compound of which you know nothing when you have the drug of precision at your command?"

It is almost needless to speak of the experience of most medical men in the use of the tincture of aconite, and in this connection I can assert that I do not believe that, even today, any two or more samples taken from the shelves of as many reputable druggists will analyze the same. How, then, can anyone expect to obtain the same results in a given case?

Digitalis is another complex drug that forms an important part of our armamentarium; and, while most physicians have discarded the tincture and depend upon the active principle, there are still some who depend upon the infusion. Why? Because experience has taught them that the principle that gives them the effect desired is soluble in water.

Dose Enough

I will close this part of my paper with a few words upon the dosage of the active principles and this may be summed up in the aphorism: Dose enough. This is a stumbling block to many. Of the most potent drugs, we give a measured dose every fifteen minutes until the effect, that we wish to produce, or the physiological effect of the drug is reached. In acute cases, small doses frequently repeated; in chronic cases, larger doses three or four times daily. But always! dose enough.

Burggraeve's Teachings

I shall now endeavor to interest you, for a time, in the teachings of the immortal

Burggraeve, as nearly as possible in his own words.

The fundamental laws of active-principle therapeutics are very simple and may be summed up in the *"cito, tuto et jucunde"* of Celsus; in other words, we can, thanks to it, treat the patient expeditiously, safely and agreeably.

This threefold advantage results from the employment of positive remedies, such as alkaloids, glucosides, resinoids and the mineral salts.

The writing of mixed prescriptions is no longer necessary and the physician can say, like the ancient philosopher: *"Omnia mea mecum porto."* He is always armed and prepared to do battle with disease. The active-principle method realizes the wish of the busy doctor for a portable dispensary.

The laws of this method of practice resolve themselves into a question of opportunity. In order to cope with a disease, its absolute diagnosis is not indispensable. The physician first attacks the symptoms which present themselves, and is thus able, in many cases, to anticipate organic lesions which are always a source of anxiety to him. At the same time he observes an increase in the confidence of his patient which his action has created.

Active-principle therapy is thoroughly democratic, since all of its disciples are on a perfect equality when confronting disease, all being possessed of the same facilities for action.

This is not saying that this method dispenses with science. On the contrary, it levels it. A positive diagnosis is always to be desired, but, as Hippocrates has said *"ars longa, vita brevis, experientia fallax."*

All these difficulties disappear in active-principle therapeutics. It goes straight to the mark without delay or danger, since it fights with weapons which may be relied upon.

In ordinary practice, we often content ourselves with expectancy through fear of doing some injury; but this can only apply to the crude medicaments of past days, certainly not with the refined substances of the present.

Let us suppose a case of acute pyrexia without, as yet, localized symptoms and before a diagnosis is possible. What does the ordinary doctor do? He confines himself to a few dietetic measures added to a cathartic; and waits. But, few hours after, in the interval between his first and second visit, the danger has declared itself and he may be too late to be of service. Cerebral, thoracic or abdominal symptoms now appear; the disease has taken the form of meningitis, carditis, pneumonia or any other inflammatory condition which must be followed through all of its stages until the patient slips out of his hands; a serious loss to both the family and the doctor.

No time is wasted in active-principle practice. The doctor, on being summoned, hastens to the patient with his pocket pharmacy, ascertains the general condition and at once acts in accord therewith.

The digestive organs are often disordered, this being the manner in which most pyrexias give warning of their approach. The doctor begins his work by ordering a purgative dose of a saline generally found in every home. Then, that they may be given as soon as the prima via is cleaned, he leaves with the nurse a few febrifuge or defervescent granules or tablets, such as aconitine, veratrine, strychnine, etc., and explains how they are to be administered: 1 or 2 granules or tablets every quarter or half hour, according to the urgency of the case, with directions to discontinue them so soon as the fever subsides. Thanks to this prompt medication, on the following morning the doctor finds his patient free from fever or nearly so.

If the case be an eruptive fever, such as variola, rubeola or scarlatina, the eruption comes out in a mild form and there are no complications to fear.

If the case be typhoid, the cure will be slower but rarely will it extend beyond one week.

Should it be a case of inflammation, all danger disappears, for, we have prevented the disease from entering upon its organic stage.

The jugulation of acute diseases is therefore an easy matter if taken in time.

To acute diseases we oppose an acute treatment, to chronic diseases a chronic treatment. The more rapidly a disease progresses, the more rapid should be its medication. There is nothing to fear in these cases, as the fever constitutes a resistance to the remedy, and we must push this last to the limit until the fever yields.

In chronic diseases, the physician is not pressed for time, since a disease which has been slow in its development can only pro-

gress in like manner. At the same time, we should employ suitable remedies and not confine ourselves to the usual method of treatment, namely, placebos, just to satisfy our conscience. We need not despair of ultimate success, no matter how long the treatment may be continued. The physician often renders his chances futile by declaring that nothing can be done.

We observe from these examples that the first law of active-principle medicine is, always to act with promptness and safety: *cito et tuto.*

In medicine, as in surgery, that which is necessary above all is, promptness, safety and as little unpleasantness as possible.

Tuto—it is absolutely necessary that the medicine should have no injurious effect whatever; in a word, the remedy should not be worse than the disease.

It has been frequently stated that it is dangerous to employ the alkaloids because of their highly poisonous character, but this is not true, the danger lies in the compound crude drugs.

Cito—as the active-principle remedies comprise the active ingredients of therapeutic substances and moreover are completely soluble in from fifteen to twenty minutes, we can repeat them at short intervals, a matter of necessity in acute disease; whereas in the old galenicals we are constrained to allow an interval of an hour or more between doses so as to allow the chemistry of the stomach to sort out just what may be needed; and it often fails in this.

Jucunde—being administered in the form of granules or tablets, the active-principle medicaments do not give rise to any feeling of loathing or disgust, nor is there any eructation. On the contrary, they are readily taken, because of the immediate relief which they give. It is the contrary with the galenicals of the older pharmacopœias which render the medicine, and the doctor who gives them, obnoxious in the sight of the patient and, especially, the little ones.

Clean Bowels

I cannot conclude this paper without a few words as to the internal daily bath or lavage of the bowels.

This was made a *conditio sine qua non* by Dr. Burggraeve and practiced by him, in his own person, during his life. He claimed that it fitted him for his work, "whether for good or ill, as might be asserted by his critics," during his long life, he worked, practically, until the end of his ninety-five years.

We bathe our bodies daily to remove the natural exudations or acquired objectionable matter. Then, why should we trust to nature to remove the daily accumulation of toxic matter in the digestive tract?

Nature has provided mineral springs in all parts of our earth, which were used by prehistoric man and animals and they are now used by invalids for the cure of acquired conditions which would not have existed in all probability if the bowels had been properly cleaned.

The teachings of Dr. Burggraeve upon this part of active-principle practice have been urged by me, and Doctors Abbott and Waugh have both sounded the slogan "clean out, clean up and keep clean" until every physician in our country should be familiar with it.

I have fairly covered the ground of active principles practice. What Burggraeve did for Europe, in connection with Dr. Abbott, Dr. Waugh and some others, I have done for America. The pharmacopœia has been revised some five times since the work of introducing the active principle method began, and each revision has given more and more space to the active principle and less to galenicals. The standardizing of these last has become as nearly perfect, under the conditions as they exist, as is possible.

It is needless to say that the physician of today is now in the position of being able to carry a complete pharmacy with him, as has been better said by a veterinarian of the French Army: "formerly it required a four-mule team to carry medical supplies for a squadron, now I can carry on my own person supplies sufficient for a regiment."

The doctor is a quiet bird,
In politics he's seldom heard
Perhaps he wouldn't be the goat
With more attention to the vote.
—*Edit. Med. Program.*

The First Alkaloidal Club in America

A Contribution to the History of the Active-Principle Movement in America

By J. M. FRENCH, M. D., Milford, Massachusetts

IN the February, 1920, number of *Abbograms* there appeared a little picture of five doctors and their wives, labeled, "The First Alkaloidal Club in America," and followed by the statement that it was "started by Dr. J. M. French, whose picture appears here." A copy of this paper was sent to me with the suggestion that I write up something concerning the history of the club—a suggestion of which this paper is a result.

As a matter of fact, the club referred to was not formed as an alkaloidal club and, primarily, it was not such in any sense—unless, indeed, it might be claimed that it was composed of ten "active principles."

It was an offshoot (a "side degree," we called it) of our local society, the Thurber Medical Association, and was known as the Aesculapian Club. We gave it this name because it had to be called something, and that sounded as well as anything we could think of, besides suggesting the calling of its members.

The club was composed of ten personal friends, five country doctors and their wives, who came together for social rather than medical purposes. But, they had been trained in the medical profession (I think you will agree with me that doctors' wives get considerable training in medicine) and were interested in the improved methods which were being introduced. For these reasons, they did undertake some little literary and professional work in behalf of the, then, new alkaloidal idea. Whether this was sufficient in amount and importance to justify its characterization as an alkaloidal club, is a question for others to decide. The present scribe aims only to report the facts.

It was not planned, but it so happened that the five medical men and their wives, who responded to the call of mutual attraction and came together as a social club in June, 1901, lived in five different towns, not all of them adjoining but near enough to be convenient of access, while yet far enough apart so that there was no chance for local jealousies to interfere with their enjoyment of each other's society.

The First Session

When we came to "take account of stock", professionally speaking, it developed that three out of our five doctors were enthusiastic alkalodists while the other two were distinctly "regular", albeit with open minds and willing to try out new ideas. Starting on this basis, it came about quite naturally that our first socalled "scientific session", which was held in March, 1903, was devoted to "A Comparative Study of the Treatment of Pneumonia." Four papers were read, presenting the subject from as many different points of view. Dr. W. W. Browne, of Blackstone, one of our most valued members, set forth clearly and concisely what he considered to be the distinctive features of the "regular" treatment. Dr. E. L. Fisher, of Worcester, a well-known Homeopathic physician, came down from "the heart of the commonwealth" to explain to us the essentials of the treatment according to Homeopathic principles. Dr. Pitts Edwin Howes of Boston, afterwards editor of the *Journal of Therapeutics and Dietetics*, described with some elaboration the remedies for this disease, and their indications, as taught by the Eclectics; while, in conclusion, Dr. W. L. Johnson, of Uxbridge, another of our members and perhaps the first man in our vicinity to adopt the practice of Dosimetry, summarized briefly the alkaloidal means of treatment.

We had a handpicked and very appreciative audience of medical men from Milford and neighboring towns, and the discussion which ensued was spicy to a degree. As one of our visitors, a Harvard graduate, remarked, "For a variety show, it beats anything I ever saw."

The papers were published in the next issue of the *Vermont Medical Monthly*, which was edited by H. Edwin Lewis, now the managing editor of *American Medicine;* and they were afterwards copied into the *Journal of Therapeutics and Dietetics,*

whose editor had presented one of the papers. We had put alkalometry on the map of our section, and we were content—for the time.

An Alkaloidal Session

The next step which might be considered as fitting us for the name that has now been applied to us, was taken a year later, when we worked up a full-fledged "Alkaloidal Session." This was held in March, 1904, and the program called for the following papers:

1.—Why I Use the Alkaloids. By C. C. Ellis, M. D., Somerville, Mass.

2.—What Dosimetry Stands For. By J. M. French, M. D., Milford, Mass.

3.—How the Dosimetrist Aborts Fevers. By N. W. Sanborn, M. D., Bellingham, Mass.

4.—The Dosimetric Versus the Regular Uses of Certain Drugs. By Wm. L. Johnson, M. D., Uxbridge, Mass.

The audience was made up of men from various sections, who were interested in the new methods. Some of the guests came from a considerable distance, one of them from Chicago, having been sent by the Alkaloidal Clinic as its special representative.

The writers were all on hand promptly, and the papers came off as advertised. We thought that they were good papers; but you can settle it for yourselves by turning back to the June, 1904, issue of the Alkaloidal Clinic, which contains a full report of the meeting, including the discussion which followed the reading of the papers, and the photographer's picture of those who had not left for home before he arrived.

The exercises closed with the reading, by President Browne, of congratulatory telegrams from Drs. Abbott and Waugh of Chicago, and Dr. William J. Robinson of New York.

The result of this meeting was, to stimulate interest in the alkaloidal methods on the part of those present, and to bring them to the notice of the bulk of the medical men in our vicinity, with the result of greatly increasing their use.

An Alkaloidal Journal

Two years later, so strong had become the feeling in favor of the active principles among the members of the club, that they favored the attempt on the part of two of their members to establish a journal to advocate their use, and even went to the extent of voting to assist in financing such an attempt. Here at last would seem to be the justification for the name of Alkaloidal Club. And, if it was not the first one in America, let the prior ones speak up and present their claims.

The idea of publishing a journal was an excellent one; and to us at the time it seemed feasible. But, today, in the light of subsequent events, we realize that success was impossible under the circumstances. The difficulties in the way far outweighed the chances of success. Dr. Abbott, though deeply interested in favor of the movement, advised strongly against the attempt. He had himself been through the ordeal and had conquered success. But he had this in his favor that, if he succeeded in creating a professional sentiment in favor of dosimetry, it would inevitably create a demand for the dosimetric medicaments which at present were not to be obtained this side of France and there only at a price which was prohibitive in this country. Hence, at the same time that he endeavored to create the sentiment, he set himself to supply the demand. Some people called it commercialism—and so it was. But, commercialism—i. e., business enterprise, was a prime essential to success in an enterprise like this. In a word, the success of Dr. Abbott depended in a very large measure upon the fact that, having found a good thing, he knew how to push it along. I cannot better express my idea than to quote his own words. He says: "What success we have had has been due to the fact that we had a good idea, put it into practical use, and persevered regardless of all opposition."

Our later undertaking had no opportunity in this direction. We must depend wholly upon the journal for our success. Again, the difficulties in the way of starting a new journal had vastly increased since the days when Dr. Abbott built up the Clinic, and the Taylor brothers came down from Indiana to Philadelphia and established the *World* and the *Council*, each of them taking its place among the most successful medical journals in the country. Also, the proper place to make such an effort with any chance of success is in a large city centrally located, and not in a small town in the East. Lastly, Dr. Abbott made a success of his endeavor, not solely on account of his great intellectual ability but because of

the tremendous force and driving power of his nature. None of the "Aesculapians" were Abbotts.

Yet, when the move was decided on, though contrary to his advice, Dr. Abbott became its warm supporter, both by his financial aid as an advertiser, and as a friend and contributor, carrying with him in this respect the influence of his journal and the help of some of his best workers. During its brief life, *The Alkaloidist* had among its contributors a number of those well known to the readers of the CLINIC of that day, including Dr. Abbott, Dr. Waugh, Dr. Shaller, Dr. Van Zandt of Texas, Dr. Phelps of Massachusetts, Dr. Price of Tennessee, and Dr. Morgan of Vermont.

The first number was issued in January 1900. It carried 16 pages of reading and 8 of advertising. It had a fair number of good advertisers, with more on the way. It was a good number. Dr. Abbott said "it was a lot better than the first number of the CLINIC." Of course, we believed him. It carried an editorial department, original articles, selected articles and correspondence, a clinical department, and book reviews. The clinical department was ably conducted by Dr. N. W. Sanborn who also wrote a number of original articles and rendered valuable assistance otherwise. The present scribe wrote the editorials and looked after matters in general. All the members helped in one way or another. Notwithstanding these favorable circumstances, it soon became evident that the enterprise was foredoomed to failure. The short period of four months, during which the journal was issued, may suggest that we did not continue our efforts long enough or perhaps work hard enough. It may safely be said, however, that the years that have passed since those days, though they may have shown us many things which might have been done and were not, have yet added strength to our conviction that no effort on our part could have won for us a permanent success.

After four numbers had been issued, and our best efforts had failed to secure any encouraging list of subscribers, the general verdict was, that discretion was the better part of valor; and *The Alkaloidist* became a thing of the past. In the euphemism of the day, The New England *Alkaloidist* was "merged" with the ALKALOIDAL CLINIC. It was a bitter disappointment to the editors who had hoped much from the effort. But, they have never had reason to change the opinion, which they formed at the time, of the hopelessness of the effort. Looked at in any other than a financial aspect, it was not a failure. It was a stimulus and an inspiration to its promoters, and they indulge the hope that, directly or indirectly, it may have been of some little help to the cause of active-principle therapeutics.

Why Vaccines are Indispensable Agents In the General Practice of Medicine

By A. B. BARKER, M. D., Peoria, Illinois

I PRESUME that busy physicians share my point of view that satisfied patients are always an asset. In my practice, I find that the bulk of work consists of infectious ailments.

The method of caring for these patients has always been the cardinal problem of concern in my routine work. Notwithstanding the experience of centuries, the materia medica offers us only a few drugs to which we can pin our absolute faith in preventing and treating the serious infectious maladies of life. Counting up the palliative remedies, and the few really curative agents at the command of a general practitioner, we admit with regret a condition of poverty in the armamentarium of the materia medica. General practitioners appreciate the importance of lessons obtained at the bedside of the patient.

Clinical work reveals the truth that therapeutic interpretations must rest on clinical experience only.

Bacterial Vaccines Justified

Polyvalent mixed bacterial antigens (vaccines, or bacterins), the newer medicines

employed in preventing and curing bacterial diseases, are simply the application of nature's methods.

It is an accepted truth that diseases like arthritis, acute otitis media, mastoiditis, tonsillitis, bronchitis, gastric ulcer, cholecystitis, appendicitis, nephritis, iritis, dacryocystitis, erysipelas, infected wounds, rhinitis, sinusitis, alveolitis, conjunctivitis, neuritis, scarlet fever, puerperal sepsis, lymphangitis and vertigo are all of bacterial origin.

Remedies for treating these diseases from the armamentarium of materia medica are indeed very limited. The fallacy of the usual medicinal treatment of these disease is due to the fact that it is only symptomatic, that is, it relieves symptoms as they arise, but does not cure. For example, take the medical treatment of such diseases as meningitis, typhoid, pneumonia, measles, whooping cough, etc., what medicines can be used in these diseases that would shorten the disease or cure?

In the treatment of pneumonia, one uses general treatment and stimulates as necessary. The disease must run its full course; most hope is placed in the general vitality of the patient. Likewise, in meningitis and most other infections.

Bacterin Treatment is Causal

The newer medicine and specific treatment begins with the discovery of the immediate specific causes of certain infectious diseases. For example, it was found that typhoid fever was caused by the typhoid bacillus, meningitis by the meningococcocus; pneumococcus, etc., pneumonia by the pneumococcus, streptococcus and other germs, and so on down the list.

The next step in advancement in this direction is the realization of the processes involved in disease and the recovery from disease. It was learned that the different disease-producing germs are only harmful in the body when they grow and multiply in the body, producing harmful poisons which circulate in the blood, depressing and intoxicating the whole system. It was further found that, when the typhoid bacillus develops in the body and causes typhoid fever, the body protects itself by forming protective substances, or immune bodies. If these protective substances are generated in insufficient quantities, the patient dies.

The next question is, can we artificially supply these protective substances, or immune bodies, or can we stimulate the body to a sufficient generation of these immune bodies? This is the beginning of vaccine treatment.

These immune substances neutralize the poisons of the germ, destroy the germ itself and thereby prevent further growth. Very often, however, before the body can generate sufficient quantities of these immune or protective bodies, the disease progresses far enough to vitally affect the tissue, so that the patient may die. This is particularly the case in diseases that run an acute, violent course, such as meningitis, which may kill in a period of two days; pneumonia, which may kill within a few days, from general poisoning from the pneumococcus, streptococcus, etc. In some of these diseases, therefore, especially if they are far advanced, we do not wait for the body to generate these protective substances. We supply them from the blood serum of carefully selected animals which have been experimentally treated or immunized. In other words, we use passive immunity.

In other diseases, however, where the immunizing response is indolent, we try to stimulate the body, properly to form a sufficient quantity of the protective substances to check the disease. This is the advisable method, to utilize the bodies' own tissues and functions to overcome disease.

This form of treatment consists of active stimulation by injecting underneath the skin large numbers of dead germs; it first having been determined from which germ the patient is suffering. Then the dead germs belonging to the same class are injected in the large quantities mentioned. I refer to this as bacterial vaccination, and this is active immunization.

Active Immunization is Natural Treatment

The principle upon which the action of bacterial vaccination rests is the same as the process already explained, and it occurs in natural disease as well as in artificial immunization. It has been proved that germs can still stimulate the production of protective substances, or immune bodies, after they have been injected into the living tissues of the body, even when those germs have been killed by heat or by chemicals, provided that the characteristic protein of the germ has not been altered.

Vaccines made of killed germs are injected underneath the skin in a healthy part of the body. If the patient does not respond,

we increase the dose so that, very often, we give many millions of killed germs at one dose, repeating it at two, three or six-day intervals. After a sufficiently large dose has been given to relieve the suffering of the patient and lower the temperature, this should be usually regarded as an indication for future injections. Coincident with this, the patient begins to improve, and very often he recovers quickly. There are many other similar instances, such as chronic bone infection, chronic pneumonia, ear infections, chronic kidney troubles, joint infections, gonorrheal infections involving deep-seated tissues, especially arthritis, prostatitis, epididymitis and posterior urethritis, etc. This is the general application of active immunity in bacterical vaccine therapy.

General practitioners know that nothing discourages a patient more after a prolonged illness than to learn that the doctor failed to give him efficient remedies. A good general practitioner, from a patient's point of view, is the doctor who has the ability to utilize a remedy and accomplish results which other doctors, disregarding the usefulness of vaccines in the prevention and treatment of bacterial diseases, have not been able to accomplish.

Efficient Treatment for Minor Ailments

Minor ailments represent the seed for more serious diseases. General practitioners increase their efficiency by treating trivial affairs as colds, bronchitis, ordinary catarrh, slight wound infections, etc., because most of these troubles are minor infections containing the seed for virulent bacterial complications.

The medical profession treats but a very small percentage of these ailments and this is the reason for the general disregard for professional aid in these diseases. Most people have repeatedly consulted physicians for such conditions, paid good money for the services, but were disappointed in finding that recovery was no more facilitated than if nothing had been done, or that a proprietary remedy had been used that could be procured at any drug-store at nominal cost. This condition prevails among the well-to-do as well as among the poor. Many drugs are going more and more into disuse because less confidence is placed in them. This should not be.

Most people are willing and anxious to employ physicians for even trivial ailments if they can obtain definite benefit; a benefit so pronounced that there is no room left for doubting the value of the remedy employed. Colds, catarrhs, bronchitis and many similar ailments are sufficiently troublesome that nearly every one would be glad to consult a physician if they had at least some assurance that relief would be obtained. Bacterial vaccines when used in these diseases do give the desired results, and patients who have received vaccine treatment for these minor infections are so abundantly satified with the results that they will depend on this treatment to obtain relief in future attacks and also advise their friends where they can obtain the same treatment.

Furthermore, these socalled colds are the forerunners of many serious ailments like pneumonia, broncho-pneumonia, endocarditis, arthritis, nephritis, etc., all of which can be avoided by curing the primary infection with vaccines. It does not take the average individual long to appreciate the real benefits obtained from vaccine inoculations.

Bacterial Therapy Not Unduly Difficult

Many doctors suggest that only those physicians who are familiar with bacteriology and trained in laboratory work should practice therapeutic immunization with bacterial vaccines. Such a contention would only hold good where a doctor wishes to do his own laboratory work and make his own vaccine, but it can certainly not apply to the general application of bacterial vaccines. There is no more reason why a doctor should be a trained bacteriologist in order to give a dose of streptococcus vaccine than to give a dose of diphtheria antitoxin or some other biologic remedy. He should have a general knowledge of how these preparations are made, but the technical knowledge belongs to the one who is trained in making them.

The essential element that counts for competency in a physician is his ability to discern clinical conditions and apply the appropriate remedy at the right time. In applying the remedy, it is necessary for him to know what results are to be expected and how to interpret them clinically. This ability is only acquired by diligent and close observation in actual practice.

To use vaccines intelligently, a general knowledge of bacteriology and active immunization should be obtained. With the amount of current literature published on

this subject, there is absolutely no reason why the general practitioner should not be in possession of such knowledge; if not, he can acquire it with a little trouble. Clinical experience and the knowledge of how to observe the results of applied remedies enable the general practitioner to readily take up the vaccine treatment and use it with results that are fully as good and sometimes even better than those obtained by technical workers with less clinical knowledge.

In my prophylactic as well as my therapeutic work with infectious diseases, I use polyvalent mixed bacterial vaccines with very gratifying clinical results.

I measure my efficiency by the comparative accomplishment in treating the patient under my care.

I hold that the important element of success in general practice consists of possessing an adequate familiarity with remedial measures knowing how, when and where to use them. I consider vaccine therapy indispensable in the general practice of medicine.

On the Application of the Faradic Current in Neuralgia*

The Faradic Hand

By DOCTOR BERTHOLD BEER, Vienna, Austria

WHEREAS, in former times, the application of the galvanic current in the treatment of neuralgic conditions was regarded as the sovereign method we had, we have, of later years, again turned to treating these affections, particularly the trigeminal neuralgias, with the faradic brush.

Professor von Frankl-Hochwart has described a newly constructed electrode for this purpose. Without entering further today, into the therapeutic effect of faradization in painful conditions, I wish to draw your attention to a particular and older application method of faradization which, for various reasons, would merit wider employment than it has at present.

This method of application is the "faradic hand," in which the physician inserts himself into the circuit of the current and uses his hand as electrode.

Now, to begin with, the hand as electrode offers the advantage of being able, at the same time, to act as a very good rheostatic apparatus, since its resistance varies in strength and, hence, allows a large variation of the strength of the current, according to whether the hand of the physician or the skin of the patient is moist from perspiration, or artificially moistened, or dry. Besides, the different places on the skin of the hand have various degrees of resistance, since the dorsal side offers a greater resistance than the palmar surface; and on the latter, the single finger offers a variously greater resistance, which considerably diminishes from the finger pulp of the thumb (maximum) to that of the little finger (minimum); whereas, with the dorsal surfaces, at a certain strength of current, only the peculiar crackling noises (static discharges) are produced without distinctly noticeable sensations and without muscular contraction. The contact with the palmar surface of the fingers produces the corresponding sensations and muscular movements, which are weakest when we apply the thumb and the index finger, and strongest when we apply the little finger, provided, of course, that the physician's hand is soft, without indurations, and not abnormally dry.

A further advantage of the faradic hand lies in the circumstances that, as the current passes through his own body, the physician, is at every moment conscious of its strength, which is particularly important when using the faradic current, for which good measuring instruments are still wanting.

As the physician, when he employs the faradic hand or rather the faradic finger, palpates the portions treated of the patient's body, he also gains the knowledge of possible local changes, which escape him

*A lecture translated by Dr. B. Lewis, Vienna.

when he uses the ordinary electrodes. By continued practice, he also learns better to know the formation of the skin in general, so that it becomes impossible for him to make serious errors in diagnosis; for instance, to mistake a formation, which is really a normal piece of venous skin, for a large neuritic nodular formation. Finally, the faradic hand, psychically, acts much more favorably on the patients than the ordinary electrodes, and the fear of electricity disappears when the patients see that the physician himself is inserted in the circuit of the current.

Diagnostic Advantages of Faradic Hand

In view of the finer variation of the current strength made possible by the faradic hand, it is easier to employ the faradic current for diagnostic purposes in neuralgias, as you may easily become convinced by experiments on yourselves. Gentlemen, the sensation of the faradic irritation of a nerve varies if the portion of the body supplied by it is normal or if a pathological lesion exists in its area of ramification. In this case, a pronounced sensation of pain is added to the specific sensation produced by the faradic current. In cases of neuralgias, especially in the socalled trigeminal neuralgias, this experiment may often be put to good use for determining the actual seat of the injury.

Unfortunately, it is a fact that the diagnosis of trigeminal neuralgia is often made in cases where we might content ourselves with a diagnosis which sounds far more simple, and it is just as sad a fact that often, in such cases, a complicated therapeutic procedure is employed, even to resection of the nerve, when we might have secured our aim by a slight therapeutic procedure.

The circumstances that, in pathological changes in the area of ramification of the trigeminal nerve, the most various causes may so easily give rise to typical attacks of pain explains these diagnostic errors which might often be avoided if the individual portions were carefully examined with the faradic current. I have often succeeded in finding the actual seat of the affection, whereupon the cases could be suitably treated.

Two Cases in Point

I shall mention two cases which might be of practical interest.

In the first case, I had to deal with a lady, 35 years of age, who had fallen ill with the phenomena of a typical trigeminal neuralgia. The pain appeared during a sojourn in the country, the attacks recurred daily and were extremely severe in all three branches of the nerve. The customary remedies, i. e., narcotics, antipyrin, quinine and electricity were applied without good result and, in the course of several weeks, the neuralgia had increased. As a matter of fact, the teeth also were examined, at the instigation of the attending physician, but this examination showed nothing abnormal.

A few months later, I was consulted by the patient after she had passed a sleepless night in spite of having taken three Grams of antipyrin. The examination, made at a time when the patient was free from pain, showed sensitiveness to pressure of high degree on all three exit points of the trigeminal nerve on the left side. With the faradic examination, however, a specific sensation of pain resulted, corresponding to the second molar tooth of the left upper jaw. As this tooth had been filled nine months before, I sent the patient to her dentist with the request to ascertain the possible existence of an affection of this tooth. By the customary dental methods of examination, the dentist could not detect such affection; he declared that this tooth could not be the cause of the neuralgia. I now repeated the faradic examination in the presence of the lady's family doctor and, as the specific pain sensation again appeared at this tooth, the patient was sent to another dentist, with the request to remove the filling in any case, in order to inspect the interior of the tooth. After the filling was removed, the interior showed a pulp affection to be present, which was then suitably treated. The typical trigeminal neuralgia had disappeared when the filling was removed.

The history of a patient, 42 years of age, constitutes a companion to the first case. The patient had for some days been suffering with severe toothache, and she was advised to have five slightly carious teeth in the upper jaw extracted. In the faradic examination, a specific sensation of pain resulted at the malar bone branches of the trigeminal nerve; and, on closer examination, a slight periostitis of the malar bone was found, this later being proved to have been caused by an injury sustained at this

spot several weeks before, namely, through striking against a wall. The treatment consisted in the customary treatment of this periosteal swelling, after which the toothache grew better. The carious teeth were not removed, but filled afterwards.

You can see, Gentlemen, from these two instances, that the faradic examination (the faradic palpation of the individual branches) may lead to practical results in widely different neuralgias; that it may also be employed in dental examinations, and that this method of examination, as also the treatment with the faradic hand, should be more widely popularized.

On another occasion, I shall speak upon the use of this method for discovering circumscribed muscular affections. I should like to mention in addition, Gentlemen, that, for some time, dentists have been practicing the faradic examination of the exposed tooth-pulp.

Memoirs of the World War

By DR. GUSTAVUS M. BLECH, Chicago, Illinois

[*Continued from December Issue, page 848*]

Many Discharges for Physical Causes

It took sometime from the reorganization of the Division until sufficient men were sent us to raise all units to war strength. Almost all newcomers were drafted men. When a train pulled in, a band awaited the arrivals and they were marched to a free space in front of headquarters, where they awaited distribution. Men with special technical knowledge were looked for by unit commanders and, as a man responded to the question: Are any telegraphers here? he was taken over to the signal corps, etc. Occasionally, I had to go to the square and look these men over to make sure that they had no evidence of some contagious disease such as trachoma, smallpox.

As a rule, the men made a good impression; but, on closer examination, many were rejected as absolutely unfitted for the military service. The number of such rejections became so large that the Division commander made an energetic protest.

Daily one could see large groups of men in front of the pay office, their final papers in their hands, awaiting their pay and transportation home. These men looked as if some good fortune had befallen them and, if they checked themselves and even rose to salute officers who passed them, I think they did it merely to prevent anything that might delay their departure.

Of course, by a mere glance one would have concluded that too many "lucky" fellows were being discharged. However, what defects these men had, only we of the medical profession knew, and our opinions of the colleagues on the draft boards were not fit for publication. Thousands and thousands have been passed by these boards and sent to military camps where the army surgeons found such serious defects that continuation in the service was impossible, and this in spite of the fact that the army had lowered the bars considerably.

It would be humorous, if it were not so sad, to tell as an illustration, that a farmer lad was presented to us who had a high pitched voice, walked and talked like a woman, and who was of such a feminine build that I could hardly classify him among men. Yet, such an unfortunate being was forced into uniform adding more expenses for clothing, food, transportation and pay without giving anything in return to the taxpayers of our country.

One evening I returned to camp in a Ford jitney. I intended to hire the car for myself, but it appeared that this was against rules. Four soldiers got on before we left the business district. As we neared camp, I turned around and asked them where they belonged. The soldiers did not seem to understand me. It was pretty dark and I could not read the regimental numbers on their collar insignia. I repeated my question thus:

"W-w-what re-gi-ment—do—you—belong to?"

One of the soldiers answered:

"Redchiment? Won twen ning"—or something like that.

I was determined to find out their nationality. I spoke French, German, Russian, Swedish and Bohemian—all in vein. Finally one man grasped what I was after and said:

"Syrian." I did not know a syllable of

Syrian, but I know a few phrases of Turkish. Imagine my delight when they responded in guttural voices greeting me in Turkish, their faces aglow in pleasure. They even addressed me as "Binbashi" (major) and not as "effendi" which correspond to "sir" and is the title for lieutenants and captains in Turkish and Asiatic armies.

But, see these men today. They speak English very well—all of them, these Slovenians, Ruthenians, Lithuanians, Kalmucks, and what not. And, how they walk and sit down and turn—these men who were kept in the service!

What efforts it has cost here in the States, the billets near the front, and in the camps of the rear, only the chaplains and special instructors can tell you—but there was already a fire under the melting pot——

War Risk Insurance

Shortly after our reorganization, an officer was appointed to look after war risk insurance. He asked me to address two Chicago regiments and I went to their halls, talked to the men in very earnest fashion and left. A few days later, an orderly came into our office, stopped at my desk, saluted and said: "General Bell wishes to see the major."

Department heads are frequently called to his office, but my work, at that time at least, did not come under his direct scrutiny. So, I began to go over in mind what it was that I had said or done that could be objectionable.

As soon as I entered the little room and saluted, I could tell by the smile on the general's face that nothing unpleasant was in store.

"I have asked you to come here to see whether you cannot help us out. Captain Montgomery (the insurance officer) tells me that you could sell an insurance policy where he couldn't. Now, there are two companies of foreigners at the Auxiliary Remount depot who have refused to take out insurance. I sent a colonel over there and he failed. I wish you would try because I like to see the whole camp insured."

"All right, General, they will take out insurance."

"Don't be too sure—they are reported to be stubborn."

I arranged for a meeting at 3:00 p. m. The next afternoon, I learned that everybody at the depot had taken out insurance. General Bell himself sent for me to inquire what means I used.

There was nothing unusual about the whole affair. They were drafted men, mostly Austrians who did not understand our ways. The officers in charge of the depot had too little time to cultivate them or else they did not care to. The colonel had made a formal talk and left.

I spent a half hour with them. I asked them all to be seated around a table, told them I was a doctor and myself a foreigner by birth, and that General Bell himself had sent me because he wanted to see every man protected. I also mentioned something of the political situation, of our future after the war, of the need of Americanization—and then sat down myself, ready to answer questions. These came thick and fast. There was doubtless much that they did not understand. But, when I had answered every question they knew where they stood. Besides, I made them understand that they were foreigners no longer. What wonder, they all fell into line? It was just another bit of the Melting Pot at work.

Court Martial Duty Again

Early in 1918, an order reached me in which I was designated president of a general court martial. It was understood, there were a large number of desertions, thefts, and other offenses committed.

Until the court was organized and a place for meeting selected, I had a couple of days to become familiar with court routine. The greatest difficulty was, to know when a question was leading; when irrelevant, and so on.

I appealed to the Judge Advocate and he spent an entire evening giving me all the information I desired and more. My office work had been so well organized that I could give the court at least four hours every day and clean up the docket. But, as we went on, new cases were added, so that I held court until the Division was ready to proceed to Europe.

A soldier charged with a crime has the right to ask for an officer to defend him. As a rule, the men pick their own defenders, and if the exigencies of the service ers and, if the exigencies of the service spared from his usual duties, he is so assigned and can devote all his energies to his case during the time of the trial.

Somehow my court acquired the reputation of being exceedingly severe. When a

soldier was to be tried before us, he was told that he was up against it. Changes of venue are unknown in the army, though individual members of the court may be challenged for cause and, if the challenge is justified, the court excuses such a member from the particular case.

As a matter of fact, our court was anything but harsh in its judgment. The officers on the court were intelligent, patriotic men. After finding the defendant guilty by ballot, the question of punishment came up. This was never applied indiscriminately.

To illustrate my point, two soldiers had deserted and had been caught. I shall not go into details except to say that a conviction of desertion is very difficult, since it must be clearly established that the offender never meant to return to his post when he left it; otherwise only the minor charge of "absent without leave" could be applied. But, there are men who meant to desert. If there were any scruples left in our minds, though all facts pointed to absolute desertion, the men themselves admitted it.

Yet, one man would be sentenced to a comparatively short period and the court sent the convening authority a letter asking for clemency because of ameliorating circumstances—in another case, we could only regret that the maximum punishment was impossible. But we did not hesitate to condemn the prisoner to many years confinement at hard labor with forfeiture of all pay and allowances and dishonorable discharge.

A man may leave his post because he has no stamina, or perhaps is driven to a state of semi-insanity by scurrilous letters about his wife's or sweetheart's misconduct at home. Such a man would risk anything once the green-eyed monster has gotten hold of him. We were the last persons on earth to ruin such a man.

But, woe to him who brazenly told us that he did not care to go to war; that he had relatives in Germany and would not fight them; and similar excuses. In such cases, too, passion did not rule. After the judge advocate was through, after counsel for the defense had finished, one or more members of the court took such a man in hand. With words and manner suggesting pity, rather than anger, the man's mind was searched, the influences at home, anything to base some plea upon, among ourselves when we would be alone, and, only when this sort of questioning did not produce any results, did we let justice take its course.

I recollect one coarse, almost brutal looking man who came into court without counsel. Some sheriff had picked him up and testified against him. The judge advocate a young enthusiastic line officer, a lawyer in civil life, had the testimony all his way. There was no question about the facts. The man had said he would desert. He did desert, dressed himself in civilian clothing, and fled—not to his home but to some neighboring town, where he was recognized and apprehended.

The sheriff testified under oath that he had used a vile epithet against the Government and the Army. Thinking that the man may have been drinking or was an I. W. W., I asked him the customary question, whether he desired to take the stand or just to make a statement to the court, or neither. The man was willing to take the stand. He was sworn. The judge advocate asked him for his name, rank, organization, and station, all of which the man answered intelligently. He admitted everything. He had nothing to offer in extenuation. I felt compassion with the strappy man. I asked him questions whether he had sisters, a mother? Yes, he did. Would he not defend them against an invasion, against brutal attack by foreign soldiers, unscrupulous and devoid of morality.

He would not.

Something snapped in me. We had a woman stenographer as court reporter. I motioned her not to take down what followed. Officially the court was at recess.

It was now 9 o'clock in the evening. Hundreds of soldiers, many foreigners among them, stood outside the shack listening to the proceedings. Facing the man, every nerve in me quivering, I spoke to him. I had almost lost control of myself. I told him he was the kind of man who would not raise a finger did he actually see his sister in the clutches of a human leopard. I told him he had forfeited his right to manhood, to the protection of mankind, that in olden times men like him were deprived of legal existence and turned loose, masterless men, to be killed by anybody who wished.

I spoke of our flag floating over a land that affords home, family, bread and shelter to millions who had to seek a refuge here.

that the man who did not think that flag worthy to die for was a traitor and there was only one kind of punishment for traitors.

Outside there was a hush.

When I was exhausted I ordered the guards to take him back to confinement. I had to postpone further work on the part of the court. The woman reporter was weeping.

I wished the entire camp had heard me. There come moments in a man's life when even without oratorical ability, he can sway audiences on to victory, because he himself sees beyond death. . . . I had such a moment that evening.

More War Preparation

Life for us in Camp Logan was far from being monotonous. With the return of Colonel Naylor from Europe, virtually all members of the staff and all generals and their adjutants were ordered to a "school of operations," which met twice a week.

Lectures of French maps, on the physiography of France, on the railroad systems of France, on the supply of a division in the field, on the organization of the General Staff and Administrative Staff of Divisions and higher units, on the organization of platoons in attack, the role of the engineers in trench warfare and many similar subjects were being taught. All officers below general rank were quizzed in open class. No one could afford not to know the answer, and, as a result, we did some studying whenever we had a spare moment.

The training of the Division was considered to have attained a good deal of progress in the early spring of 1918.

One evening, I sat in my tent playing chess with another officer. Suddenly, one of the trumpeters of headquarters sounded: "To arms!"

The call sounded like "fire call." I interrupted the game with the words: "Let's go up to the office. This may be an alarm." On our way, we saw General Bell standing near the office. He had no escort.

The trumpeters of the adjoining regiments had not taken up the call, despite the fact that the trumpeters repeated the call again and again.

Not even the Chief of Staff knew what was going on until he heard the alarm.

It took some time to let the commanders know what was wanted. Certainly, the test proved a failure.

But, about a week later, there was a small fire near headquarters. The trumpeters sounded fire call. Instantly, a neighboring trumpeter took up the call, having interpreted it as a call to arms.

In the distance, one could hear other trumpeters repeat the call. It was late in the evening and General Bell knew nothing this time; in other words, a false alarm.

With the words: "Let us see the result, anyway," I was asked to go along, and entered the general's automobile. Every company stood in its street ready to march out. The train troops were mounted or had their vehicles (motors) lined up for the march. The artillery was ready for action; and all in the space of a few minutes. As each commander came or rode up to the General's automobile, they were asked to dismiss their commands.

It was a mistake that showed the effect of training. General Bell had reason to be satisfied.

Toward the end of March, a review of the entire Division was ordered. I saw this military spectacle for the first time in my life. Thirty-three thousand troops massed on a huge drill field. We staff officers rode out to the review ground in small groups and there formed in line according to rank behind General Bell. The division commander rode in front of the units from the extreme right of the four infantry regiments, past the artillery brigade, the train, the sanitary train, and then back again in the rear of the troops, we following him at a sharp trot. As he neared a regiment, the music crashed a march. Arms were presenetd.

Then the review. Until one in the afternoon, beginning from about 9 a. m., regiment after regiment passed by. Not a man out of line, not a man's eye passed by the venerable commander without looking him square in the face.

Artillery rattled by, wagons after wagons of the train, automobiles or horse-drawn machine-guns, trench-mortars. Finally the ambulances and sections on foot, the field hospitals; and the great spectacle was at an end.

Rapidly, head low, as if in deep thought, the commander of this wonderful military machine rode away.

How many of those that marched today would be present, when we came back, with flags flying unsullied, another chapter of history writ with our blood?

Studies in Endocrinology

The Thyroparathyroid Apparatus and Its Relationship to Modern Medicine

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[*Continued from December Issue, page 856*]

Thyroid Hyperemia and Thyroiditis

This is a very important disorder which is seldom recognized. Acute thyroiditis is rare. It follows especially after acute infections.

Symptoms: The first sign noticed is a slight swelling in the neck, sensitiveness, and an uncomfortable feeling during deglutition. In acute thyroiditis, there is usually an initial chill; difficulty in swallowing; neuralgic pains and dyspnea are observed and cyanosis may occur owing to pressure on the trachea. When the patient swallows and the head is held forward, the inflamed and enlarged gland can be felt moving up and down. Headache is often present and epistaxis may occur. There is some fever during the acute period. Forty percent of the cases subside without abscess formation. In the other sixty percent, the gland is studded with suppurating foci. These break through the soft tissues surrounding the gland, and open into the trachea and esophagus.

Chronic thyroiditis follows the acute form. The diagnosis can be made by the increased volume of the gland, sensitiveness to pressure the radiating pains, and difficult deglutition.

Treatment: The main cause of the lesion is the excessive proteolytic activity of the intrathyroidal plasma which is the source of thyroidase, a substance homologous to Wright's opsonin.

Cold compresses should be applied over the thyroid the moment any pain is complained of or if the gland becomes swollen or sensitive. The second measure to be followed is the use of normal saline solution by mouth (?), rectum, or subcutaneously, to reduce the viscidity of the blood. If the blood pressure is high, great benefit will be derived from the use of chloral hydrate or veratrum viride.

Surgical interference becomes necessary if excessive dyspnea takes place or if the multiple abscesses refuse to subside.

Hyperthyroidia

Synonyms: Pseudo-Graves' Disease, "aberrant" or "larval" exophthalmic goiter, *forme fruste de la maladie Basedow,* incomplete Basedow's disease, hyperthyroidism, and thyroidism.

This term implies the collection of morbid symptoms induced by excessive secretion of the thyroparathyroid apparatus when the primary signs of exophthalmic goiter are absent (exophthalmos and goiter.) The symptoms, of course, are due to exaggeration of metabolism. The increased immunizing activity gives rise to no further symptoms than a remarkable disease resisting power of the individual so affected. The etiology, pathology, symptomatology, and treatment are practically identical with that of true exophthalmic goiter, so there is no necessity of treating this class of cases separately.

Exophthalmic Goiter

Synonyms: Parry's Disease, Graves' Disease, Basedow's Disease.

This disease is due to overactivity of the thyroparathyroid and adrenal systems. There is a secondary stage (asthenic) which is due to exhaustion and consequent insufficiency of the thyroid and adrenal glands. The myxedema of the second stage is caused by the functional failure of these systems, because of their prolonged overactivity in the first, or sthenic, stage. Very often, in the sthenic stage, the phenomenon of bronzing (so common in Addison's disease) is observed. The blood pressure shows no constant change because the excessive adrenal secretion (vasoconstrictor principle) is counteracted by the excessive thyroid secretion (vasodilator principle), and vice versa. If one system is stimulated more than the other, we do get a change; i. e., if the thyroid produces a relatively larger amount of secretion than the ad-

renals, we observe a lowered vascular tension and, if the opposite condition prevails, we observe a heightened vascular tension.

Thus, exophthalmic goiter is a constitutional disease due to excessive functional activity of the thyroparathyroid apparatus with sympathetic excessive functional activity of the adrenal system, resulting in dilation of all arteries caused by excessive phosphorus oxidation in all tissues.

Symptoms:—We can divide this disease into three distinct and separate stages:

1.—The sthenic, during which excessive cellular metabolism is caused by excessive sensitizing of phosphorus in all tissues.

2.—The transitional, during which the previously hyperfunctioning thyroid begins to fail due to sclerosis and atrophy.

3.—The asthenic or myxedematous, during which progressive fibrosis and the increasing atrophy inhibit and finally cause complete cessation of the functional activity of this organ. This may terminate in death.

In the third stage, the vasodilation is incidental and, as stated, subject to wide changes. Now, we will consider the stages as entities.

First Stage

First, the sthenic stage.—Thyroiodase enhances all cellular activity, overworking the cells. The oxidation produced by it is different, however, from that produced by adrenoxidase, as thyroiodase produces increased phosphorus metabolism. The brain and nervous system are especially rich in phosphorus so that these two systems are affected most by hyperthyroidia. There occur, therefore, great agitation, restlessness, hallucinations, unusual gayety (even simulating delirium and mania). Tremors are common involving the upper extremities and sometimes the back and the rest of the body. The temperature rises to 100 or 101° F., sometimes running a highly febrile course and reaching 104° F. There is a constant demand for food and drink to replace that lost by excessive oxidation. But, in spite of the excessive ingestion, digestion, and assimilation of food, emaciation takes place. There are often hemorrhages (subcutaneous or submucous) and edema of the eyelids, legs, face, neck, arms, and joints caused by the vasodilation. A "whirr" may be heard over it on auscultation. Exophtholmos is due to the retraction of the eyelids (caused by vasodilation of depressor origin) and the fact that the vessels behind the eyeball (especially the retrobulbar venous plexus) become greatly engorged with blood. Stellwag's sign (explained later, together with the other diagnostic signs) finds its origin in the fact that the palpebral muscle receives an excess of arterial blood. Graefe's sign is caused by the muscles being spastic, so that the lid cannot move synchronously with the ball. The various diagnostic signs may be elicited in the manner to be described:

1.—Graefe's sign: In directing the eyeball downward, the lower margin of the upper eyelid does not follow the line of vision but lags behind or follows in an irregular, spastic manner.

2.—Stellwag's sign: This is a retraction of the upper eyelid, at the same time the lid remains much more stationary than it normally does. Also, the frequency of winking is diminished.

3.—Moebius' sign: This consists of an insufficiency of convergence. If the patient is directed to look at the ceiling and then suddenly at his own nose, it will be found that only one eye will be directed toward the nose, while the other may look in any other direction.

The tachycardia can be explained easily when we recognize that the myocardium is especially sensitive because of the blood being overcharged with thyroiodase and adrenoxidase and because of the erethism of the accelerator nerve due to excessive oxidation. The cardiac symptoms usually met with are extreme irritability, depressing violent palpitations, loud vascular sounds and even endocarditis. Dyspnea is caused by the respiratory muscles being rendered highly sensitive and the irritability of the controlling nerves (phrenic, respiratory nerves of Bell, vagus, etc.). The air intake is reduced by the cramped chest muscles; the bronchial mucosa is likewise contracted, thus further reducing the respiratory intake. Vomiting is caused by congestion and irritability of the gastric mucosa. Diarrhea is produced by the same condition of the intestinal musculature and mucosa. General malaise is caused by congestion of all organs.

The two major symptoms are, the exophthalmos and the goiter. A list of the minor symptoms is as follows:

Tremor, muscular weakness, nervous excitability, mental deficiency, vertigo, Graefe's sign, Stellwag's sign, Moebius' sign, paroxysmal dyspnea, intermittent vomiting, intermittent diarrhea, intermittent sweating, intermittent mental depression; increased severity of symptoms after

psychic excitation, mental fatigue, the administration of thyroid extract and the administration of iodine; emaciation, increased lymphocytosis, lessening of polymorphonuclear leucocytes, edema of upper and lower eyelids and later of feet, visible pulsation of the goiter, discoloration of the skin especially about the nipple and orifices.

Second Stage

Second, the transitional stage.—Gradually, the condition seems to rectify itself and the patient appears much improved. The reason is that the goiter is undergoing atrophy owing to sclerosis to which it is now subject, especially in localized areas.

Third Stage

Third, the asthenic stage.—This stage witnesses the exhaustion of both the thyroid and adrenal systems, with fibrosis occurring in the former. The symptoms are now those of hypothyroidia and hypoadrenia. They are: hypothermia, feeling of coldness, obesity with a non-pitting, rough, dry, scaly skin, supraclavicular pads of fat, loss of hair, predisposition to onychia, leucodermia, or sclerodermia, mental torpor, depression, weakness of legs, heart weakness (owing to the exhaustion of the heart during the sthenic stage) and emaciation followed shortly by death.

The thymus may become enlarged and, by pressure on the esophagus and bronchi, aggravate the dysphagia and dyspnea. A persistent and particularly a hyperplastic thymus may cause exophthalmic goiter by adding to the tissues at large an excess of nuclein which, acting as a toxin, excites the thyroid to added activity and the tissues to increased metabolism. The thyroid and adrenals thus become overstimulated by the toxemia caused by excessive nuclein.

The Treatment

Treatment:—During the first or sthenic stage, the following should be prescribed as a vasoconstrictor:

℞ Extract Ergot (watery).....1 to 2 grs.
Quinine Hydrobromate (neutral ..... 5 grs.
Make a gelatin-coated pill and dispense 50 such pills.
Sig:—One after meals.

If the patient stands these well, a fourth pill should be given at bedtime. Little benefit can be expected before five or six weeks of persistent and conscientious treatment. Insomnia and the nervous phenomena may yield to the following:

℞ Sodium Bromide ..... 20 grs.
Chloral Hydrate ..... 5 grs.
Hyoscine Hydrobromide .....1/200 gr.
Make a powder and dispense 25 such powders.
Sig:—One in a glass of water on retiring.

If quinine can not be borne, phenacetine in 5-grain doses should be substituted, but it is not nearly as efficient as the cinchona compound. The phosphorus in the tissues, being used up so rapidly, must be replaced. In order to insure this as well as possible, sodium phosphate (dose, 1 dram), sodium glycerophosphate (dose, 20 grs.), or lecithin (dose, 1½ grs.) should be given three times a day. The tonsils should be examined and any morbidness corrected. If there is a clear history of rheumatism, sodium salicylate will often prove of service. If pyorrhea alveolaris (Riggs' disease) is found to be present, in conjunction with competent dental treatment, emetine hydrochloride in ⅛- to 1-grain doses should be given intramuscularly. Enteroclysis or hypodermoclysis should be given to increase the osmotic properties of the blood. If the thymus is not enlarged, the following should be given:

℞ "Tabloid" thymus gland.. 5 grs.
"Tabloid" cérebrin ..... 5 grs.
"Tabloid" pituitrin .....¼ to ½ gr.
Place in capsule and dispense 50 such.
Sig:—One capsule two hours after meals.

The dosage of this may be gradually increased if benefit is derived. If the thymus is found to be hypertrophied, the other two constituents of the prescription may be given alone. Rest in bed is absolutely essential and a high altitude is helpful. The various antiexophthalmic-goiter sera may be found useful. Thyroidectin may be of some service.

During the transitional and myxedematous stages, thyroid gland is indicated. The same treatment is to be used here as it is recommended for primary myxedema. In addition, however, digitalis, strophanthus and sparteine should be employed as there is a tendency toward heart weakness.

The injection of boiling water seems to be of great use in selected cases. The skin, over the point of injection, is anesthetized with Schleich's solution[1]. A small wheal is

[1]Schleich's anesthesia is a local anesthesia produced by distending the subcutaneous tissues with a weak cocaine solution introduced by means of a hypodermic syringe; it is also called infiltration anesthesia. The solutions are as follows: The strongest contains sodium chloride, grs. 3; cocaine hydrochloride, grs. 3;

caused at the point of injection. The glass syringe used should be boiled so that the water will enter the gland as near the boiling point as possible. Forty to 230 minims should be injected. The diseased organ may be injected in several places simply by slightly withdrawing the needle and slanting it in a different direction. Quinine and urea hydrochloride injections are said to be useful as they promote the formation of fibrous tissue. If the thymus is enlarged, x-ray treatment is of great service. The x-ray must not be used on growing children, however, as the thymus is essential for their development. The static current should be used in conjunction with the x-ray treatment. If all these measures fail, surgery must be resorted to.

Surgical Treatment—Thyroidectomy

Surgical Treatment. — Thyroidectomy must never be performed during the acute onset of the disease. Irregularity and varying tension of the pulse, diarrhea, edema, gastric pains, etc., are conditions that render the operation unsafe and necessitate its postponement until a more favorable opportunity. When partial thyroidectomy is not feasible for the time being, in acute exophthalmic goiter, uninfluenced by medical treatment or boiling-water injections, the ligation of both superior thyroid arteries may be performed. It is advisable to do the latter operation at two sittings, at a week's interval. At times, it may be necessary, prior to the operation, to prepare the patient with absolute rest, heart tonics, diuretics, or x-ray treatment. The superior-thyroid arteries are selected in preference to the inferior because they are further removed from the other cervical vessels. In performing thyroidectomy, too much tissue must not be removed for fear of causing myxedema. The parathyroids must be carefully preserved, care being taken that they are not crushed, else death from tetany will follow.

Goiter

Synomyms: Struma, bronchocele.

Goiter differs from exophthalmic goiter in that it does not give rise to all the systemic symptoms of the latter. Goiter may be caused by various kinds of toxins, inorganic as well as organic, and endogenous as well as exogenous. The thyroid, always including its parathyroids, is intimately connected with the autoprotective or immunizing functions of the body. Goiter being due to intoxication from some source, we are led to believe that, inasmuch as infections, toxins and toxic wastes cause enlargement of the thyroid, it is because of this gland being the seat of a defensive reaction that it becomes enlarged. Therefore, we should always look for an underlying source of goiter. This cause must necessarily be eliminated before we can hope to achieve any success in respect to the goiter itself.

There are five divisions of goiter:

1.—Simple hypothyroid non-toxic goiter (simple of parenchymatous goiter) due to inability of the thyroid to produce more secretion than is required for normal bodily needs. Any stimulation for the purpose of overcoming toxemia may result in congestion and hyperthrophy of the thyroid.

2.—Hyperthyroid, or toxic goiter, is a result of excessive secretory activity due to congestion and hyperplasia.

3.—Hyperthyroid degenerative goiter is a result of degeneration either colloid, cystic, or fibrous.

4.—Malignant goiter is a result of malignant neoplasm of the thyroid or of the accessory thyroid tissue.

5.—Congenital goiter corresponds to the congestive type and is a result of heredity.

Simple Hypothyroid Non-Toxic Goiter

While a normal gland can fulfill its protective function under the stress of any intoxication or infection without undergoing any permanent enlargement or changes, a gland which has been weakened through hereditary influences or weakness or lesions resulting from autoclysis, focal or otherwise, or from hemorrhages which may occur during the course of an infection (especially dipbtheria and typhoid fever) is unable to stand the stress. The gland then enlarges through a compensatory process. These goiters show mostly an active hyperemia with an increase of normal active parenchymatous cells.

The primary symptom is usually an enlargement of the gland which is experienced by the patient. On examination, the tumor appears soft and diffuse. It is mostly unilateral and, in the majority of the cases, is on the right side. After some time, the pulse will become slow; bradycardia as low

morphine hydrochloride, grs. 4; in water, 100. In the two weaker solutions, the amounts of cocaine are: gr. 1 ½ and gr. ¼; those of morphine, grs. 2/5 and gr. 1/12.

as forty beats per minute is often seen. Excessive sweating, especially after eating, is common. The extremities are cold and the temperature is subnormal. The excretion of urea is markedly reduced. The patient complains of pecular shooting pains, although the nervous phenomena of exophthalmic goiter are wanting.

By providing iodine artificially, we can relieve the functional stress which causes the gland to enlarge. The thyroid is unable to provide sufficient of the halogen in organic combination, which results in a stress on the secretory functions of the gland. When this strain is relieved by an artificial supply of the necessary iodine, the cause is removed and the effect of the stress subsides. However, iodine must not be used when symptoms of hyperthyroidia are present.

Treatment:—Sometimes, with the relief of the cause (the infection), the effect is relieved. A change of water may be beneficial as the drinking water may contain an exciting toxin. A meat-free diet should be enjoined, as meat has been shown to promote goiterous growths. It is absolutely necessary to keep the intestinal tract clear. The best laxative, with this view in mind, is "antiautotox" or sodium phosphate in full doses. It is well to give intestinal antiseptics, if the gastric tract is at all under suspicion. The following combination is excellent for that purpose:

R Chlorazene (Abbott).....½ to ¾ grs.
Potassium sulphocarbolate..... 5 grs.
Zinc sulphocarbolate[1] ..... 3 grs.
Bismuth subsalicylate ..... 2 grs.
Make a pill and dispense 50 such pills.
Sig:—One pill in a glass of water two (2) hours after meals.

Suppurating foci in any organ or part of the body may be an exciting cause of the goiter. Pelvic disorders should be corrected, as any ulceration may be sufficient to cause a goiter. If the patient is free from pressure symptoms and exhibits signs of hypothyroidia, iodine in some form should be given. But, if pressure symptoms are present, it is hardly wise to exhibit iodines. Sodium iodide in 5-grain doses, increasing gradually to 10 grains, in a glass of water immediately after meals, is the best way to administer the ion. If toxic symptoms of iodinism appear, discontinue the drug for a day or so and resume with a smaller dose. If the untoward symptoms persist in spite of the discontinuation of the drug, a solution of potassium arsenite[2] should be given in ⅓-minim doses after meals. Tincture of iodine or iodopetrogen ointment may be applied externally to the gland. The injection of iodine or of iodine preparations is dangerous and not advised. Moreover, it has no advantage over the internal use of the drug. If heart symptoms be present (tachycardia), the iodine treatment may nevertheless be used as long as the other symptoms of Basedow's disease are absent. Tincture of digitalis (fat-free) in 5 to 10-minim doses, three times daily, aid materially in clearing up any trouble from that organ. Autogenous vaccines made from purulent foci may aid the curative process very much.

[1]The sulphocarbolates are also known as phenolsulphonates.

Hyperthyroid or Toxic Goiter

It is, unfortunately, customary at present to classify a considerable number of primary cases of thyrotoxicosis, in which the symptoms present morbidness of the heart, together with simple parenchymatous goiter. These cases should be included in the class with larval exophthalmic goiter because the patients are relieved only by the treatment used for the exophthalmic class. The frequency of this type of goiter (toxic) is 20 to 25% of all cases of socalled simple goiter. The symptoms are the same as those presented in exophthalmic goiter, with the exception that the exophthalmos is absent or too insignificant to notice.

Treatment:—Liquor potassii arsenitis in full doses (3 to 5 minims) three times daily, together with a course of bromides (the sodium and strontium salts being preferable), is indicated in order to reduce the sensitiveness of the centers. Cold applications should constantly be maintained over the tumor. If, however, tachycardia, nervous symptoms, etc., persist, the patient should be treated as in the manner suggested for Graves' disease. Good results have been reported from the use of large amounts of quinine and urea hydrochloride injected into the gland. However, personally I do not approve of this treatment because of the resulting increase in fibrous tissue which necessarily follows such a procedure. Surgical interference, as suggested for exophthalmic goiter, may be necessary,

[2]Solution of potassium arsenite is known as liquor potassii arsenitis, or Fowler's solution.

but medical means should be exhausted first.

Hypothyroid Degenerative Goiter

The characteristic lesion of this type of goiter may occur simultaneously in several parts of the gland and thus give it an irregular nodular appearance. The changes may consist of an increase of follicles, vesicles, parenchyma, etc. (a true hyperthrophy), or may consist of an accumulation of colloid substance in one or more follicles. This gives rise to degeneration of the affected follicles. The isthmus is probably the part most often involved. In this event, the goiter stands out from the middle of the neck.

Colloid goiter derives its name from the fact that there is a thick, tenacious collection of colloid material in the affected follicles.

Cystic goiter is made up of decomposed colloid material or of altered blood from hemorrhage. The cysts are always circumscribed. They are flexible and compressible. Aspiration is quite possible and often results in a cure.

Fibrous goiter is caused by an overgrowth of fibrous tissue which, by compression, inhibits the secretory activity of the gland.

Intrathoracic goiter is caused by downward extension of a goiterous nodule from one of the inferior horns of the gland. This form can be diagnosed with the x-ray and causes dyspnea, hoarseness, an obstinate cough, redness of the face with cyanosis of the lips, dilation of the cervical veins, palpitation of the heart, and dullness under the manubrium sterni.

There are several other forms of less importance, such as constrictive goiter (encircling and constricting the trachea), lingual goiter (situated on the dorsal part of the tongue behind and below the foramen cecum), and hemorrhagic goiter (caused by hemorrhage into a goiter).

Symptoms:—Sibilant and wistling rales may often be heard in goiter. There is hoarseness, dyspnea, asphyxia on exertion and, usually, cyanosis. The heart is often affected and should be carefully examined. If it be found diseased, it should be treated appropriately. The pressure symptoms vary as to severity and effects. Sometimes, paralysis or numbness of the different muscles of the arms and fingers occur due to pressure on the branchial plexus. There may be either hyperthyroidia or hypothyroidia, according to the cause and pathology of the goiter.

Treatment:—If appropriate treatment be instigated, after the primary cause (the infection) has been removed, the prognosis is good. Iodides or thyroid preparations should be used with caution and in very small doses. A minute dose should first be given to determine the patient's reaction and this gradually increased if the treatment seems of benefit. Under this type of treatment, the attending physician should watch the patient with extreme caution for pressure symptoms and for signs of hyperthyroidia. The limit of the sufferer's tolerance for iodine must be established and the dose decreased or entirely suspended at the first sign of untoward results. If iodine is contraindicated, boiling-water injection or the employment of the x-ray, galvanic current, etc., may be of use. In cystic goiter, aspiration will be of great assistance. When all the medical means at our command are resorted to in vain, we must rely on surgical interference to cure the goiterous condition.

Surgical Treatment.—For the relief of benign goiter, removal of both lobes is not required and should not be practiced. If both lobes are affected, the one most hypertrophied and extending deepest into the soft cervical tissues should be exercised. If the trachea is displaced, the lobe causing the malposition must be removed. In diffuse or colloid goiter, the removal of a lobe together with the isthmus is in all probability the best course to pursue. Sometimes a portion of each lobe must be taken out. The same care and gentleness with the parathyroids must be taken as in the surgical treatment of exophthalmic goiter.

Malignant Goiter

Both, carcinoma and sarcoma, of the thyroid are seen. The appearance of pain in an existing goiter suggests the tendency of the tumor to malignancy. The surrounding lymph follicles become involved rather early. Metastasis takes place mostly to the bony tissues. Cancer is suggested by radiating pains, hemoptysis, and severe pressure symptoms. Sarcoma is smooth, carcinoma nodular.

Treatment:—Complete removal of the thyroid (preserving the capsule if possible) is indicated as early as at all feasible. Of course, accessory thyroids, lymph glands,

etc., which are at all affected or at all suspicious, should be removed without hesitation. Both, before and after the operation, sodium selenio-cyanate should be given in doses of 4 milligrams three times a day. Kessler recommends the following diet in carcinoma, and we suggest that it be followed for both sarcoma and carcinoma, before and after the operative treatment. The main scheme is to provide a low-sulphur diet:

Breakfast: Tea or coffee with sugar and cream (not milk, on account of the lacto-albumins), little bread with much butter, fresh or cooked fruit.

Dinner: Soup, fruit, cereals, vegetables (no meat broths), peas, lentils, beans; for a change, puree of potato, dumplings, edible roots (carrots, beets, etc.), boiled or preserved fruits, salads.

Supper: Fruits with rice, potato with butter, salads.

Congenital Goiter

This form of goiter is more generally prevalent than assumed. It is more often fatal in the infant than in the adult. In some cases, the goiter can be traced to pressure with the forceps or otherwise during parturition, and is purely congestive.

Symptoms:—Many goiterous children are still-born or die after a few respiratory efforts. If the child survives, it exhibits signs of asthma with dyspnea and cyanosis. The infant refuses to nurse, owing to dysphagia. There may be, in addition, a slight swelling in the front of the neck. This tumor may, however, delay appearing for several days or weeks after birth

Treatment:—Respiration must be restored and retained. Artificial respiration supplemented by oxygen inhalations is indicated. If dyspnea still persists, a section of the isthmus must be immediately performed (exothyropexy).[1]

If the goiter is of a congestive nature, cold compresses are recommended. General counterirritation is indicated (hot baths—full or foot—mustard plaster to feet, etc.). In parenchymatous goiter which does not threaten life, thyroid-gland substance in 2-grain doses twice daily should be administered to the mother. A very weak iodine ointment or a diluted solution of the tincture of iodine rubbed into the goiter once a day may prove beneficial.

Pregnant women with goiter should be given a course of the same treatment in the hope of preventing a goiterous development in the child.

Strumitis or Inflammation of a Goiter

Inflammation of a goiter may result from toxemia or from an invasion of bacteria. The milder invasions and infections especially predispose the goiter to strumitis. Those diseases that are most commonly the cause of this condition are: Tonsillitis, laryngitis, bronchitis, nasal disorders, enteritis, typhoid fever, diphtheria, pneumonia, polyarthritis, sepsis (puerperal or otherwise), bacterial dysenteries, cholera, among others.

Symptoms:—The inflammation is ushered in by a chill and a feeling of discomfort in the goiterous mass. The tumor also becomes sensitive. Soon, fever, headache, and dyspnea set in. Dysphagia and radiating pains are extremely disagreeable symptoms. Sometimes suppuration appears and the fever, pulse, etc., assume the type of a general infection.

Treatment:—Cold compresses should be kept continually over the tumor. A saline enteroclysis should be given two or three times a day or, better still, a Murphy drip of saline solution is advised. Seven to 10 grains of chloral hydrate, often enough to keep the patient drowsy most of the time, will aid in reducing the hyperemic condition of the goiter.

If an abscess forms, it should be evacuated immediately and a 1 or 2-percent solution of chlorazene injected into the cavity. Excision of the goiter, while this is acutely inflamed, is not advised. It may be necessary to open the sphacelous areas if the pus has extended to them.

[*To be Concluded*]

[1]Exothyropexy is the fixation of the thyroid to an incision, in order to induce atrophy.

After Thirty Years—XXVII

Notes and Reflections on Life and Work

"Bowels of Mercy"

By WILLIAM RITTENHOUSE, M. D., Chicago, Illinois

"Bowels of Mercy"

FROM the earliest ages, there has been a tendency on the part of mankind to regard the various organs of the body as the seats of the different passions and sentiments. In the absence of actual knowledge of the functions of the organs, men were prone to substitute theory for fact just as the unreasoning do today. Even in our own day, the popular mind locates the affections in the heart. The young man thinks that he loves his "steady" with all his heart. My dear fellow, you love her just as much with your liver! Your heart is just a double-action force pump, nothing more.

So thoroughly is this form of expression ingrained into the language that its use has become a household word. We all, rich and poor, educated and ignorant, use such expressions as "hard-hearted", "to love with all one's heart," "to lose one's heart to a charming woman," "to be heavy-hearted," "a black-hearted scoundrel," "to eat heartily," "not to have the heart to do a thing," "to learn a thing by heart," and many others. Some of these indicate that the heart has been regarded as the seat not only of the affections but of such attributes as courage, honor, appetite, and even memory.

The liver has been regarded in various ages and countries as the source of malice, envy, hatred, anger, melancholy and similar evil passions. Even in our day and nation, this idea finds expression. The very word "melancholy" is from the Greek *"melas"* black, and *"chole" bile*. This supposed function of the liver seems to have had a special attraction for the Spanish mind. We find Spanish literature teeming with reference to bile. Even modern writers, such as Valdés and Alarcón, speak of the discharge of bile in anger with a literalness that would almost lead one to think that they were speaking of an actual physiologic fact.

English writers of a century or more ago seem rather to have made a distinction—evoking hatred and anger from the spleen, and gloom and melancholy from the liver. "To vent his spleen" is an expression in constant use today. In Chaucer, we find frequent references to this supposed effect of the bile. In the "Nonne Prestes Tale", Perelote, the hen, advises her lord and master, Chanticleer, to take a "laxatyf" to purge him of the black bile that caused his dreadful dreams of his own death at the hands (or rather, teeth) of the cunning fox.

The Bowels

But, when we come down to the seventeenth century, it seems, from the literature of that day, that the bowels were universally regarded as the seat of affection, mercy, kindness, and good will. In the King James version of the Bible, we have hundreds of instances of this use of the word. Joseph's "bowels did yearn upon his brother Benjamin;" Job's " bowels boiled and rested not;" Jeremiah exclaimed: "My bowels, my bowels! I am pained at my very heart; my heart maketh a noise within me;" Isaiah cries out: "Where is the sounding of thy bowels, and thy mercies towards me?"

Coming down to the Victorian era, we find Dickens making playful allusion to this superstition. In the Christmas Carol, when the ghost of the grasping old money lender Jacob Marley stands before his former partner Scrooge, the latter notices that he can look through him and see the buttons on his coat behind. Scrooge had often heard it said that Marley had no bowels, but never believed it until now.

In Spanish authors, we find "entrañas" (a form of the English "entrails") used as the seat of various passions, usually the affections, and especially affection for children.

I never hear this use of the word "bowel" without thinking or an incident that occurred over fifty years ago, which, at the time, put my facial control to a severe test.

A number of us young folks had gone to a Methodist camp meeting—one of the old-fashioned, primitive kind, in the depths of a forest, with a circle of log huts surrounding an open space which served as amphitheatre. Here the ministers preached red-hot sermons, well spiced with lurid pictures of the awful fate awaiting the sinner. When the fiery exhortations of the speakers produced their intended effect, the scene became a pandemonium, such as at the present day can only be found among the colored people of the south during a religious revival. The groans and tears of the sinners under conviction, who had come forward to the mourners' bench, and the joyous shouts of those who had received the blessing of forgiveness, made a scene that had a strange fascination even for those who did not believe in it.

The young people of those days had few sources of amusement, no movies, no automobiles, no dances (except on the sly—very sly). So, the annual camp meeting drew like a magnet. Here, at least, was excitement; and every young man who had a horse and buggy, or could borrow one, took his best girl to the gathering, usually in the evening when the lurid light of the camp fires on little elevated platforms covered with sods, and the torches of pine knots fastened to trees, added to the weirdness of the scene.

On the evening in question, everything had gone on as if on wheels, as the French say. A noted revivalist had preached a short but fiery sermon, and the effect was beginning to appear. Numbers went forward to the mourners' bench, and shouts and groans were coming thick and fast. A young and handsome minister got up to start a hymn, lining it out two lines at a time, because only a few of the audience had hymn books. He had evidently made the mistake of looking only at the first verse, which conveyed the sentiment that the divine forgiveness was free to all who would accept it. But, when he came to the second or third verse, he suddenly looked embarrassed, and a wave of red swept over his face to his very ears. Still he was game. Trying to look unconscious, he read on in a voice that trembled a little:

"Now the Father's bowels move,
Now the sinner may return."

Some of the audience made a transparent pretense of not having noticed it; a few smiled in spite of all efforts at repression; the young ladies blushed as red as the minister; and the young men—to their credit, be it said—did not laugh outright until we got out where the horses were tied, and then we made up for lost time, rolling on the ground with laughter.

When my companion got into the buggy she said: "Why your coat is all covered with dust and leaves!" I said: "Yes, I fell down."

The moral is: Look ahead before you read aloud to a mixed audience something that was written two hundred years ago. Advice which it is well to remember when reading Shakespeare to a mixed company.

2920 Warren Ave.

Beyond Dark Clouds

No matter though we cannot see
The dawn beyond the clouds,
And though at first we're followed not
By fond, approving crowds,
Keep hope and let us travel on,
In paths we know are right,
If we the torch bearers shall be,
More will behold our light.

So let us ever work and pray—
And right will surely win,
Though ere we reach the haven bright,
Come many days of sin;
But still a brighter day shall dawn,
When we the storms have passed,
For sunshine always is beyond—
And clouds can never last.

Martha Shepard Lippincott

Surgical Seminar

Conducted by GUSTAVUS M. BLECH, M. D.

Introductory

AS was announced editorially in the preceding issue, this department aims to be of practical value to the occasional operator. Discussions of subjects which do not readily lend themselves for the editorial department or for original contributions, such as the diagnosis of obscure cases, surgical technics, and the like, will be treated in this department of CLINICAL MEDICINE.

As the title implies, it is desired to conduct a sort of practical conference, somewhat along the lines of European surgical courses, for physicians who lack modern hospital facilities and whose clinical experience is necessarily restricted. To accomplish this aim, it is earnestly requested that interested readers cooperate either by contributing their everyday experiences or by submitting their wishes. For the present, we shall discuss operations in private homes. In a future issue, the subject of cystitis will be discussed with special reference to diagnosis and rational treatment. After that, the majority wishes will govern the selection of the subjects.

Operating in Private Residences

It was not long since that many prominent surgeons were very frequently compelled to operate in private residences, even for facultative cases, partly because people dreaded hospitals, partly because good hospitals were not available in any but the large cities.

With the increase and spread of hospitals organized and equipped along modern lines in virtually every community of a few thousand inhabitants, the art of operating in private homes has come to be practiced only as a matter of urgency.

Nevertheless, there are many instances in which the removal of patients from hamlets and isolated farm houses to hospitals in neighboring cities has to be avoided, and every surgeon should be prepared to render good service even in the modest home of the poorest citizen.

Owing to the simplification of technics, the equipment necessary for even major surgery, away from the hospital, is not cumbersome, an ordinary dress-suit case, properly equipped, sufficing for all practical purposes.

Four problems present themselves; namely, anesthesia, asepsis, surgical equipment and surgical furniture. We shall take them up seriatim.

Anesthesia is either local, general or both. For local anesthesia, the appliances are, one or two hypodermic syringes, a solution of procaine and a sterile shallow glass. For general anesthesia, an ordinary folding chloroform inhaler, covered with a layer of stockinette, a can of ether and a small bottle of chloroform, an ordinary hypodermic syringe with morphine and atropine, suitable stimulants and a tongue forceps are all the appliances needed. When the anesthetic is given with the head in the reclining posture, even a tongue-forceps is not necessary.

Asepsis. Gowns, gloves, sheets and towels are carried sterile in linen bags. Instruments can be boiled in any metal container such as is found in every household. For skin disinfection, iodine is the method *par excellence*. The surgeon's hands are washed with ordinary laundry soap and hot water and disinfected with bichloride-of-mercury tablets in boiled water, in any suitable earthenware dish.

Instruments. These will vary with each individual surgeon and according to the character of the operation. It is well to reduce the number of instruments to the minimum, only a novice carrying a glittering array of hardware.

The selection of the instruments will also depend on the presence or absence of a trained assistant (e. g. self-retaining retractors, weighted vaginal speculum, etc.) I recommend the preservation of sets in linen bags, marked on the outside with indelible ink. Each set has a definite purpose. For example, one is labeled "General Operating" and consists of instruments which

are required in practically all operations. This will include scalpels, scissors, artery forceps, a pair of wound retractors, one or two needle holders, needles, suturing and ligature material.

One set marked "Bone Set" should contain all instruments necessary for bone work. De Vilbiss rongeurs, rib shears bone forceps, raspatorium, chisels, mallet and a sharp bone curet are about all that is required for this class of work. A saw may be added to have the set ready even for amputations. Special amputation knives and bone retractors are not essential. A pair of stout long steel pins for exarticulations of the hip is many times exceedingly useful.

For abdominal surgery on women, pedicle needles, a trocar (ovarian), broad-ligament clamps and clamps suitable for general intestinal, stomach and gall-bladder work, and a gall-bladder scoop complete the set. Self-retaining abdominal retractors in two sizes or four abdominal retractors of ordinary types are needed by many surgeons, especially when it is desired to avoid large incisions.

For urologic work, a few specialistic instruments are essential. Some operators prefer a small traction forceps for the kidneys, others like Young's tractor for the removal of the prostate. I carry filiform bougies, metal catheters, closed and perforated, and a small trocar to empty the bladder in cases of extreme urgency.

A consideration of operations outside of those mentioned is superfluous since, in most instances, the surgeon will know for what he is called and will prepare accordingly.

As regards the *surgical furniture*, the first question is the selection of a suitable room. No hard and fast rules can be laid down. In daytime, the question of illumination is the most important consideration. As a general proposition, a kitchen of ample size is perhaps the most suitable room because it contains neither carpets, curtains nor other extraneous furniture, all of which are dust collectors. Dust must be avoided, and if, for one reason or other, a sitting room or parlor must be selected, all preparations should precede the operation by twenty-four hours, or else the equipment should be disturbed as little as possible, dust-containing articles being covered with wet sheets. Certainly, all sweeping and dusting on the day of operation is to be strictly prohibited. Dust on the floor or walls will do little harm; but, when it is stirred up, it will reach the wound and infection is almost certain to result.

A simple kitchen table, properly padded, is as good an operating table as any. Even the Trendelenburg posture can be improvised, though of late we seem to be able to get along without it. Smaller tables must be used for instruments. The anesthetist will require a place for his articles and a chair will prove satisfactory.

A pitcher with hot sterile saline solution should always be ready and, in all laparotomies, an earthenware dish filled with the same solution.

Now, as regards the operation itself, the difficulty is one of personnel rather than technics; for, the same unbroken chain of aseptic precautions that is observed in well-regulated hospitals must, by all means, be preserved in private homes.

When one is fortunate to have a competent nurse to do the preparatory work the surgeon need not worry about details, but, where such an assistant is absent, and the surgeon is virtually thrown on his own resources, he must superintend the preparations from the very beginning to the end, and perhaps lay hands on all preparatory work up to the movement of the beginning of the actual operation.

A Graphic Illustration

To illustrate the exact steps, let us assume the following case.

Dr. X., living in a small hamlet, telephones Dr. A to come at once, ready to operate on Mrs. B. for a ruptured tube (ectopic pregnancy).

Dr. A. and Dr. C. (his assistant) grab their surgical kit and race by automobile to the patient's house. The trip requires forty minutes.

Following Dr. A.'s instructions, Dr. X. has several kettles and a big wash boiler on the stove, so that, at the moment Dr. A. and his assistant arrive, there is an abundance of hot, sterile water. The wash boiler contains several earthenware dishes. The kitchen is roomy, light and very hot. There being no nurse available, the following roles are distributed.

Dr. X. is to be the anesthetist; Dr. C. is to be "dirty nurse" up to the moment of operation. Dr. A. directs:

1. The hypodermic injection of morphine and atropine in the hope of controlling the

shock and restlessness of the exsanguinated patient.

The operating table, a chair for the anesthetist and a center table (the only one available) are properly arranged.

The medical men who have removed their coats, vests, collars, ties and shirts, carry the patient to the operating table. Dr. X. begins with the anesthesia. Dr. A. shaves the abdomen and paints it with iodine.

Dr. C. opens the sterile bags and places the general operating set and the abdominal set into a boiler. Two large forceps are boiled in a dish.

With the help of a neighbor woman, he places on chairs two earthenware dishes. One contains the bichloride solution, the other the saline solution. The instruments are still boiling. Dr. A. washes his hands, disinfects them, dons his gown and cap and slips on his rubber gloves.

Dr. C. removes sterile towels with the two boiled forceps and covers the center table, arranges the instruments, needles and suture material, washes and disinfects his hands, dons his gown and cap, puts on his gloves and covers the abdomen with a sterile laparotomy sheet, and towels, in which procedure Dr. A. assists.

With sterile forceps, a few laparotomy sponges are thrown into the saline dish.

The friendly woman is now requested to remove the stopper from the iodine bottle and, by means of a sterile swab, the abdomen is given a final coating. By this time, the patient is fully anesthetized and the operation begins. Dr. C. hands Dr. A. knife, forceps and scissors. The operation proceeds in typical manner. After the tube has been caught and ligated, a sterile pitcher containing saline solution is directly handled by the assistant who fills the abdomen until the solution runs out fairly clear. A drain is left and the peritoneum sutured. Just at that moment, the woman who has been busy putting bottles filled with hot water between the bed sheets is recalled to pour hot water into the pitcher. While Dr. A. is continuing to suture the fascia, muscles and skin, Dr. C. prepares saline solution in the pitcher, attaches a sterile needle to the rubber tube connecting with a glass funnel. A tourniquet renders taut the median cephalic vein. The woman pours the saline solution from the pitcher into the funnel and, when the solution appears at the needle, this is pushed into the vein. Dr. X., who had discontinued the anesthetic when suturing of the peritoneum has begun, is directed to release the tourniquet and to relieve the women. The flow of the saline solution proceeds without a hitch. When the patient shows signs of reaction, it is discontinued.

Dr. A. puts dressings on the abdominal wound. Dr. C. fixing adhesive tape and an abdominal binder over them. The patient is wiped dry, covered with a blanket and carried to the heated bed.

Dr. C. remains with the patient over night to guard against any emergency. Recovery is somewhat stormy, but, under the proper care of Dr. X., complete in every respect after about ten days.

CHOLECYSTOSTOMY OR CHOLECYSTECTOMY?

During the past few years, the surgical literature has been marked by contributions in which cholecystectomy has been advocated with more or less persistency as the safer and more effective measure for the cure of gall-stones and gall-bladder disease, as compared with the establishment of a biliary fistula through cholecystostomy.

Most writers postulate an analogy for their "favorite" radical operation with the removal of the appendix for appendicitis.

They point out with satisfaction that no patients have died or suffered any bad consequences through the removal of the gall-bladder, and, logically (?) conclude that the gall-bladder, like the appendix, is a superfluous organ which can be removed with impunity as far as the physiologic welfare of the human economy is concerned.

These contributions contain so frequently and so persistently a plea for radical surgery of the biliary viscus that we feel the time has arrived to sound a note of warning.

Biliary surgery, in our opinion, is really professional surgery, that is to say, while the occasional operator will and, doubtless, should, in certain selected cases, perform such operations as the incision and drainage or the removal of the gall-bladder, especially as emergency measures, in cases without urgent vital indications a specialistically trained surgeon had better be called in, in the interest of the patient.

When we make this statement, we do not

care by what means the specialistic training and skill has been attained. For all we are concerned, a physician practicing in a small hamlet, called upon to perform perhaps only a dozen major operations during the year, may be better qualified for even the most complicated operations on the biliary system than a city surgeon with countless laparotomies to his credit. In other words, we take the view, as we have expressed on a previous occasion in these columns, that it is not the reputation, locality or official position of a man that guarantees his worth as a surgeon, but his actual skill.

Biliary surgery is either easy for any operator who knows where to locate the diseased gall-bladder and how to incise and drain it without infecting the peritoneal cavity, or it is extremely difficult even for the most expert surgeon, all depending on complications encountered.

As we have already indicated, as an emergency measure, any general practitioner should be ready and prepared to perform a cholecystostomy or cholecystectomy. But, in the absence of life-endangering symptoms, when the gravity of the case suggests the possibility of involvement of the common duct, liver or duodenum, only he should open the abdomen who can recognize and deal with deep-seated complications.

This being understood and agreed upon, we now come to the analogy between the appendix and the gall-bladder. There is no analogy whatever in our opinion. The appendix is a "cryptic" sort of an affair, a "rudimentary" pouch of the intestinal tract, which to doctrinairs of evolution affords rich material for philosophic deductions, but to us practical surgeons represents no physiologic problem whatever. We are little interested in whether the appendix, a few million years ago, was or was not a digestive reservoir; the question whether or not the appendiceal mucosa has any digestive function is of about as much practical use to us as the hair-splitting theologic query: What the size of an angel must be when thousands of them can find room to dance on a pin head.

We know that the appendix is a frequent source of danger, that its timely removal saves life and that, barring a post-operative hernia—an accident, by the way, which has befallen the best of us—the results are all that can be wished for, for the rest of the natural lives of the patients. And, that is all there is to it.

But, even to us who get our physiology through the labors of others, it is not quite so clear that the gall-bladder is as "useless and unnecessary" as the appendix. On the contrary, our crude, materialistic minds are inclined to be a bit skeptical, for we see an organ of considerable size, containing a liquid which, we know, has decided influence on the intestinal flora, to say nothing of the digestion of food. While we are aware of the fact that bile, like love, will find a way in spite of the locking of the door at the cystic duct, we still have the natural instinct to destroy as little as possible and to preserve as much as may be saved.

Now, we can easily understand that a bladder which has ceased to function is a useless organ, one that may even prove a source of danger; and we, too, will be glad, under such conditions, to shell the gall-bladder from its hepatic bed and remove it, but—and please who will!! *we must be sure that such is the case.* What we are not so sure about is, that all condemnatory judgments, at the hands of other operators have been pronounced in a spirit of justice to the gall-bladder.

We have seen—too often, alas!—surgeons open a gall-bladder, take a glance at the "inflamed" interior and without farther ado pronounce a decree of eternal banishment on a viscus which, through drainage (in our opinion, at least) would have redeemed itself as an organ capable of earning a livelihood in a legitimate way. And, what is more, we have often had a feeling that, should the mere "palpation" of the common and hepathic ducts at the hands of the operators referred to perchance overlook deep seated trouble, the presence of the gall-bladder might provide a very good land-mark for some one else, at some later period, to find his way with a geography obscured by dense adhesions.

There is one point we must never overlook and that is, that the ideal gall-bladder operation is neither an "ostomy" nor an "ectomy," but plain, unostentatious "otomy." To open the gall-bladder, to remove its objectionable contents and then to close the incision of the bladder, has been, is, and always will be, the "ideal." It may not satisfy the *furor operativus* (as gravely epidemic today as it was in the

days when that American master-surgeon, Nicholas Senn, denounced it with the vehemence of righteous indignation), but it is ideal, nevertheless.

Unfortunately, cystotomy is seldom practicable and cystostomy is, again in our opinion, a compromise between the ideal cystotomy and the radical cystectomy; we do not know but what a cystendesis (an artificial obliteration of the gall-bladder sac) may not, in many instances, be looked upon as a greater concession to radical surgical therapy.

We also acknowledge the fact that malignancy may begin in the gall bladder; but, in the present light of the carcinoma question, we doubt very much whether the mere presence of gall-stones and cholecystitis are in themselves sufficient indication to prognosticate such a tempest in months or years to come.

It seems to us, then, that the lines of indications for either operation can be sharply drawn. In doubtful cases, conservative surgery, here as elsewhere, requires no special plea. Only when destruction of an unmistakable character presents itself, one is justified in instituting more heroic measures.

In other words—and we are not too proud to use the ordinary vernacular—be sure you are right, then go ahead.

PEDOGRAPHY OF ABNORMAL FOOT CONDITIONS IN CHILDREN

"Weak feet," in children as in adults, is a condition, or disease, too vague in meaning to be acceptable as a scientific diagnosis. The "diagnosis" is usually arrived at by inspecting the bared feet and observing how the children walk and hop.

Assuming the diagnosis to be technically correct, what method have we to record the exact degree of weakness and to compare the results of care and treatment in the months to come?

Dr. Jacob Grossman presents this question in a very readable article in the *Medical Record* (April 23, 1921), and answers it by the statement that, by properly made pedographs, we have a photographic reproduction of the condition of the patient and that, by subsequent pedographs, one can observe whether the condition has improved, remains stationary or has become worse.

The pedographic record takes into consideration five important signs: first, the pedograph picture; second, the contour line of the foot; third, the height of the scaphoid bone; fourth, the muscular development of the soles of the foot, especially those under the arch of the foot, and, fifth, the presence or absence of the juvenile fat pad.

Whether we practice orthopedic surgery or general medicine, we all have, doubtless taken an imprint of the soles of feet to diagnose flat foot. Any kind of fat or dye that would show how much the sole has come in contact with a sheet of paper while the patient presses on it with his body weight has proven more or less satisfactory. An ordinary lead pencil held in the physician's hand vertically or slightly obliquely traces the contour of the foot. Any appliance holding the pencil in a fixed position, e. g., a block of wood through which a hole is drilled so that the point of the pencil touches the contour has proved satisfactory.

Grossman uses the same principle. He has the little patient seated with leg extended, and paints the bare foot with a solution of iron. The foot is then hastily placed on blotting paper and the patient instructed to put all his or her weight on it. The contour line is next drawn by holding the pencil at a right angle to the plane surface. "This contour line shows the amount of inversion of the ankle or eversion of the heels and heel cords. Grossman cautions us to take into consideration the development of the muscles of the sole, for the reason that a heaavy muscular layer will produce the picture of inversion of the ankle.

The foot is next removed from the blotter and the height of the scaphoid bone is estimated by drawing a line from the posterior, inferior aspect of the internal malleolus to the first metatarsophalangeal joint on its plantar aspect. The scaphoid in the normal adult foot is usually found one-half inch below this line. In children it varies with age. The sole of the foot is next palpated and the muscular development noted as "poor," "fair" and "good." The presence of the juvenile fat pad is sought for.

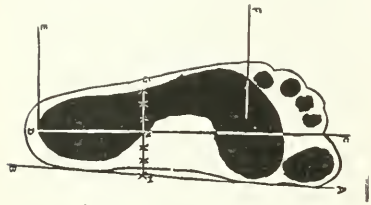
A solution of tannic acid is now applied to the iron imprint, which produces a deep-black permanent record.

Base and auxiliary lines are now drawn

on the pedograph for the estimation of the deformity if present.

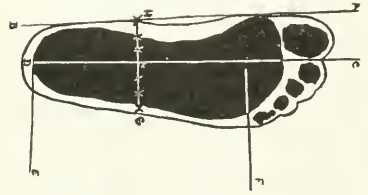
The first base line is drawn from a point posterior to the internal malleolus to the first metatarsophalangeal joint. The contour line extending beyond this shows the degree of inversion of the ankle or eversion of the heels and heel cords.

The line of axis weight bearing is next drawn from the center of the heel to a point midway between the first and second toes. A line is next drawn at right angles to the line of axis weight bearing from a point of posterior to the heel, and another in like manner from the first metatarsophalangeal joint and, exactly in the middle between the two and parallel to them is drawn what the



Imprint of a Normal Foot.

author calls the line of estimation. This line is checked at the outer border of the imprint and at the junction with the first base line. In the case of a valgus, the second check of the line of estimation is at the junction with the contour line. Midway between the two check



Second Degree Weak Foot.

marks of the line of estimation, is the normal point. To the inner side of this point the line is divided into three parts representing the degrees of weak feet, while to the other side of the point the line is also divided into three parts representing the degree of pes cavus.

The reader is referred to the accompanying diagram illustrating the method of pedography just described.

Similar methods have been in vogue for adults for some time past, but they have not been used in children. Basing on records in one hundred children who were supposed to have normal feet, the author comes to the following important conclusions:

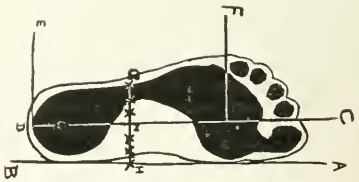
1.—Up to four years of age, the pedograph is practically valueless, the fat pad giving an impression as if the child had a third-degree flat foot.

2.—The average distance of the scaphoid in normal children five years old is one-quarter inch, and for children between six and nine years it is three-eighths of an inch. Children between ten and thirteen years old show a distance of half an inch. Variations from these may be looked upon as normal.

3.—In nineteen cases, the muscular development was only fair. In these cases, weak feet were invariably present.

The author does not claim infallibility for the method of pedography in children, yet its value for comparison at different periods of observation of one and the same child cannot be disputed.

It seems to the Editor that, by continued observations and with the adoption of appliances enabling better and more exact "mathematical" records, improvement in pedography can be obtained which will make it possible for physicians graphically to secure reliable "imprints" and "measure-



Second Degree Pes Cavus.

ments" somewhat the same as we have today means of recording blood-counts, hemoglobin contents and abnormalities of urine.

The General Practitioner

Talks About Professional and Personal Problems

Conducted by WM. RITTENHOUSE, M. D.

Foreword

IN assuming the direction of a department of CLINICAL MEDICINE, I feel somewhat diffident as to my ability to maintain the high standard which has characterized this Journal for so many years. In fact, I can sympathize with a certain conductor of a column in one of the Chicago newspapers, who announces every morning: "This column is conducted by John Smith. Help! Help!" And, really, that expresses very well the state of affairs; for, the aid and cooperation of my readers will go far towards making this department the success that I want it to be. I am convinced that I may expect this cooperation, because of the kindly appreciation which the readers of CLINICAL MEDICINE have accorded my work during the past five years. The letters from readers have been a pleasure and an inspiration to me. Sometimes they have contained criticism, but it was nearly always constructive, and constructive criticism I have always welcomed and always shall welcome. Mere ill-natured faultfinding has been so rare that, at this moment, I can recall only one instance. One brickbat to a hundred roses is not a bad proportion. David Harum believed that a certain proportion of fleas are good for a dog.

Of the thousands of readers of CLINICAL MEDICINE, there are very few who have not a good idea stowed away somewhere in their mental pigeon-holes—some little knack in treatment, some especially successful remedy, or some interesting episode in the doctor's life, humorous or pathetic, which would be eagerly read by all of us. It is this splendid reservoir of good things that I want to tap. If I have the skill to start the stream flowing and keep it flowing, I am very certain that this department will never lack for readers.

In the nearly forty years of my practice, I have been in intimate contact with many, very many, men, women, and children; and, while the professional duty of relieving suffering has always had for me the most intense interest, there has been another phase of the relations between me and my patients that has interested me still more, and that is, the human side of the work. Those of my readers who have been engaged in family practice will understand what I mean. People turn to their physician with their troubles much as they would to a pastor, and thousands who never took enough interest in religion to have a pastor, on that very account look upon their doctor as guide, philosopher, and friend.

While I am older than most of my readers, and have the leisure to offer my experience wherever it can be of service to any of my fellow practitioners, I want to make it clear that this is not done in a spirit of superior wisdom—far from it. I do not mean it egotistically when I say that, if I can give my younger fellow-workers the benefit of my experience, I shall feel that I have not lived in vain. When I look back to my younger years and remember how much two men influenced my life, the one opening my eyes to the true meaning of education, the other showing me what life may mean, and what things are worth while, I feel that, in this magazine, I have an opportunity and a responsibility that I can not shirk. If I can help the young men who read this journal as much as Thomas H. Willison and Henry Ward Beecher helped me, I shall have enjoyed a great privilege. The former was my teacher from eleven to sixteen; the latter came into my life when I was nineteen.

I learn valuable lessons every year of my life, and I hope, in the management of this department, to learn more than ever; indeed, not only learn but pass it along. It

would scarcely be worth while for my readers to write to me of their problems, difficulties, hopes, and wishes, if it were not that the good things I get from them can be passed on to hosts of other readers.

The mere fact that I am no longer very actively engaged in practice, and am gradually easing up on the strenuous life as the sunset approaches and the shadows lengthen, need not deter me from still being a "doctor" in the literal sense of the word, which means "teacher." I want, also, kind reader, to be your colleague, your chum with whom you talk things over.

This department is to be rather a department of good cheer, of encouragement, of interchange of opinions for physicians, one with the other, than it is to be a post-graduate course or a collection of scientific treatises. It can be made as useful as you wish it to be. I am ready to do my share, if you, on your part, will just tell me what I can do for you, and if you will share your knowledge with others.

Even if I can not help you by my advice, it may help many of you to know that there is some one to whom you can go, and to whom you can speak freely, without constraint, about the intimate things concerning yourself, your family, your patients your neighbors. Whatever the problem, if you feel like writing to me, I shall be glad to have you do so. If it is a matter that I can answer for the good of other readers of the Journal, through this column, I shall gladly do so. If it is something that requires a personal reply, you may depend upon it that I will write you fully, and give you all the help I can. Your confidence will be held sacred, for, you are writing to a friend who, like all family physicians, carries many secrets.

The management has very kindly given me what is practically *carte blanche*. They ask me to interpret broadly the title of this department as including everything that relates to the doctor as a man, a citizen, business man, family man—everything that has special interest for him whether connected with the treatment of disease or not. A large contract, I realize, but also a magnificent opportunity!

Readers of CLINICAL MEDICINE! This department is conducted by your humble servant. Help! Help!

A Notable Book

I have just finished reading the most remarkable autobiography it has ever been my privilege to read, "The Americanization of Edward Bok." * I have immediately started in on a second reading, for, I am a strong believer in the idea that a book that is worth reading once is usually worth reading more than once. Of course, there are exceptions. I read "Main Street" once, but I should regard the proposition to read it again with about as much enthusiasm as I would the proposition to kiss a pug dog. *De gustibus non est disputandum* was said a long time ago, but, just the same, the fact that this book was a best seller for months is not to the credit of the literary taste of the book-buying public.

"Now I'm going to catch it!" as Rip Van Winkle said when he heard Gretchen's voice. For, I fancy I have stirred up a hornet's nest among the admirers of "Main Street"; and perhaps I *am* too harsh in my judgment. Joseph Harper, one of the founders of the fine old house of Harper and Brothers, was once criticized for publishing trashy novels. He replied: "People had better read trash, so long as it is not vicious, than not read at all; for, then there is hope that they may, in time, come to read better books." And the immense business that the firm built up of publishing sound literature seemed to show that he was right.

Mr. Bok's book is one to be read many times, to soak one's self in, to become saturated with. It is full of meat from cover to cover—and so many varieties of meat! I am mixing my metaphors. But, never mind, let it ride. I have never seen anything like this book. It is good reading for all boys from ten to ninety years of age. Every father of a son should provide a copy, even though the son be like the junior partner of Dickens' famous firm which he introduced to his readers something like this:

"Dombey was eight-and-forty years old, very red, and very bald; Son was eight-and-forty minutes old, very red, and very bald." The book is the most extraordinary biography of a boy to be found outside of fiction; indeed, one might be inclined to suspect it to be fiction, did we not know the author's veracity to be unimpeachable. And, as the biography of a man, it is equally remarkable. The way the boy becomes ac-

*This book was reviewed in the December (1921) issue of this journal, on page 886.

quainted with famous men and women is both amazing and amusing. His relations with the late Henry Ward Beecher had the most intense interest for me, because I, too, was fortunate in enjoying the advice and teaching of Mr. Beecher, and no man living or dead had such an influence on my life and mode of thought. Not many people now living can remember the famous trial of Tilton vs. Beecher, which meant a great deal to some of us, who felt that, if wrong could triumph over truth and destroy it, there was something wrong with the universe. The lawyers on both sides were among the most eminent then living. I shall always remember a remark made by one of Tilton's lawyers after Mr. Beecher's death. Speaking of the trial, which had taken place a dozen years before, he said: "I felt as if we were a pack of hounds trying to drag down a noble stag." The trial lasted six months, and the jury stood nine to three for Beecher, which was probably somewhere near the attitude of the general public.

Freak Legislation

As an example of freak legislation, it would be hard to beat a bill that was introduced into the Oregon legislature. Fortunately, it did not pass; but, if it had become a law, every doctor in that state would have been obliged to write all his prescriptions in English and in triplicate; the prescription would have had to give an exact diagnosis of the malady prescribed for, and also state the action of every drug called for. What a happy state of society we should have if it could be ruled by the professional reformers! How interesting it would be to see the workings of the minds of these people, to examine their motives, and to see with what kind of logic they justify their acts to themselves! Probably, logic is an unknown quantity to them; impulse and emotion seem to be the mainsprings of conduct with them.

Apropos of this subject, it is encouraging to note that other sections of the public besides the medical profession are waking up to the danger from the "state-aid" legislation that is being attempted at Washington. There is a whole grist of bills waiting to be considered by Congress, of much the same character as the notorious Sheppard-Towner bill for the regulation of maternity, which has passed the Senate and House and at this writing goes to conference. If it becomes a law (and there is little hope of preventing it), it will do more to destroy the family physician and invade the sanctity of the home than anything outside of bolshevist Russia.

In saying that there are a number of bills of the same character as this, I meant in one respect, namely, that of state aid. They all have this feature in common: they hand out appropriations of federal funds to the states to make an excuse to meddle in state affairs. The Sheppard-Towner bill carries an appropriation of $1,480,000. When it was introduced, it asked for $4,000,000.

Civic societies all over the nation are waking up to the danger. Bulletin No. 44 of the Civic Federation of Chicago sounds a warning that, if these subsidies to states are not checked, our peace-time taxes will exceed those of war-time. The legislation now pending calls for $115,000,000 in federal-aid appropriations, supported actively by propagandists of feminist organizations and women's clubs. Over the spending of these large sums, the Government will have no control. They are to be spent by agents of the propagandists.

The Civic Federation makes the charge that the Maternity bill is really the work of the birth-control group, who are said to be the masked force that is using the Children's Bureau of the Department of Labor to pull their chestnuts out of the fire, with arguments based on misstatements of fact. Certain it is that a number of women, who are most active in the propaganda of birth-control, were also among the active proponents of the maternity bill.

Birth Control

I have repeatedly been asked by correspondents to give my opinion on the subject of birth-control. I am aware that an opinion either way is bound to displease some one and bring a flood of severe criticism. My opinion is not important; the facts are. If we endeavor to get the facts honestly and frankly, and then draw from them the conclusions which they justify, we need not be concerned about criticism.

What are the facts upon which the argument for birth-control is based? We are told that, so far as children are concerned, quality is of more importance than quantity; that people of limited means are kept in poverty by large families, so that the chil-

dren do not have as good a chance for education and a start in life, as if they were fewer; that the foreign-born have larger families than the real Americans, and the result will soon be that our Anglo-Saxon civilization will be overwhelmed; that, because human beings are above the animals in intelligence, they ought not to follow the example of the animals by leaving so important a matter to chance; that many wives are in such a state of health that they will soon sacrifice their lives unless they learn some method of controlling maternity; and that, since it is now generally conceded that woman has equal rights with man, a wife ought to have as absolute control of her own person as her husband has of his. These are the principal claims in favor of the control of maternity. If I have omitted any, it has been unintentional.

In reply, it is argued that everybody concedes that quality is more important than quantity and that maternity should not be a matter of chance; but, how quality can be best insured is a large question. If some plan could be devised by which the intelligent classes would have larger families, and the more ignorant have smaller ones than at present, it would be, in Hamlet's words, a consummation devoutly to be wished. But, there is the difficulty; the preaching of birth control will have practically no effect where it is most needed, that is, among the ignorant and foreign-born, while, if the educated classes pay any heed to it at all, it will in all probability still further reduce their birth rate. Roosevelt saw this and urged upon the wealthier and better educated classes the necessity of having larger families if race suicide is to be avoided.

It is further claimed that the argument, that many children keep a family poor, is not in accordance with the facts, as, in a few years, the children grow up and aid in the prosperity of the family by their earnings; and, further, that they are a guaranty that the parents will not become a public charge in their old age.

If these are facts, then the danger of this country ceasing to be an Anglo-Saxon nation becomes an argument against teaching birth-control.

That some mothers sacrifice their lives to unrestricted child-bearing, is unfortunately true, but less frequently so than is generally supposed. There is considerable evidence to the effect that women who bear children have better health on the average than those who do not. Physicians are frequently appealed to by married women to aid them in birth-control by any means varying from prevention to abortion, on the ground that child-bearing is surely killing them; but a little shrewd questioning will often reveal the fact that indolence and love of social pleasures are the real motives rather than failing health. So, it would seem wiser to leave the matter where it has been in the past—that is, in the hands of the family physician. It must be admitted, however, that some physicians do not qualify themselves by knowledge to give an intelligent answer to those entitled to it.

The question of the wife having absolute control of her person and, hence, the absolute right to bear children or not as she sees fit, is one to be settled between her and her husband. No third party will "butt in" if he is wise. It is natural, however, to point out that such a claim makes marriage a jug-handled contract in which one party has no rights whatever. The highest of all the motives that actuate a man in contracting matrimony is, undoubtedly, the desire to found a family and thus perpetuate his name to future generations.

Finally, it is certainly true to some extent that the knowledge disseminated by birth-control teaching is being used for immoral purposes. This may be denied, but I have had too many proofs of it to doubt it.

Good-English Week

We have just had Good-English Week, an institution that happily shows signs of becoming a permanent and nationwide affair. As my contribution to show the need of such a stimulus, I beg to submit the following quoted from a Michigan newspaper:

"Notice.—The Blankville selectmen have enacted an ordinance which I am bound to enforce; that of prohibiting chickens from running around the streets at large and riding bicycles on the sidewalk.

J. Lindley, Constable."

Whether the Blankville chickens are more lawless than their relatives of other towns, or whether the word "chicken" was used in its slang acceptation of the term, or whether the constable merely made a "fox pass", I leave my readers to determine.

Correspondents writing to this department will save considerable time if they will use the address given below.

2920 Warren Ave., Chicago.

Good Medicine

Let us learn as we go, but not forget what we know

Conducted by GEORGE H. CANDLER, M. D.

A SOLEMN REQU(ER)IUM

Preliminary Canter

The Editorial Cabinet met,
Shook their ambrosial locks*
And spoke the awful word which set
My "Queries" on the rocks!

Canter the Second

In vain my pleas, my tears of woe;
They said, "We understand
Your 'Queries' are 'Condensed' and, so,
Must certainly be canned."
And they were! Hinc illæ lacrimæ.

HAVING thus relieved his supercharged feelings, the Editor of this new department (who for many, many moons elsewhere endeavored to answer all the questions which were fired at him, without revealing too distinctly his own limited intelligence) desires to assure those numerous friends and casual correspondents who wrote him beautiful pen-pictures of disease, as it manifested itself in their several localities, that he is still unreservedly at their service. That this is a definite proof of his aforesaid "limited intelligence" he denies. Though some of the clinical pictures he has had to study were of the Futurist type and others again distinctly Cubist, it was usually possible to discover the underlying *motif* and comment rationally enough upon that particular case.

Therein, alas! it seems, lay the inherent weakness of the "Condensed Queries" (R. I. P.). The ache which Mrs. Jensen had in her lumbar region might, after resisting all treatment for six weeks, so trouble her physician that he would write in and ask help. "But" (said the Cabinet) "how could Mrs. Jensen's ache, no matter how classically described or scientifically prescribed for, possibly interest all the other extremely brilliant practicians who periodically peruse these pages?" What does it matter to Dr. Plank, of Peavine P. O., Penn., if Dr. Wise of Weewashno, Wisc., *is* unable to stay an epidemic of alleged "winter itch" among the inhabitants of a lumber camp? And, furthermore, how can one expect thoroughly well-read and experienced men in the large medical centers to take even a faint interest in such rural and remote things as "Bold Hives," "Intestinal Parasites" and "Infantile Colic?" If, now, a young general practician, just out of school and practicing (temporarily, of course) upon some agricultural community, should chance to run into and immediately recognize a case of vertebral lymphogranuloma, with paralysis of the cervical root and localized adenopathy, his description of the case and the perfectly successful treatment thereof with small doses of "water-soluble vitamine A" would be of definite interest; but, would his masterly paper be suited to a "Query" (especially a "*Condensed* Query") Department? We opine that it certainly would *not!* So, there you are. The common, every-day ills which we have to combat are so offensively ordinary that extraordinary gentlemen dislike to hear about them. Again, ordinary family physicians (even as you and I) yawn like the dickens over the highly scientific ten-pages-long essay on "The Etiology and Epidemiology of Barbadoes Leg." There are no "Barbadoes Legs" (though some with peculiar swellings below the knee) in our town, thank Heaven!

All this being understood, the contention of "The Cabinet" that a department devoted to Therapeutics generally must prove more interesting and instructive than one devoted to answering questions appears reasonable enough. The outstanding *un*reasonable

*Strictly speaking, most of these locks were "shaken" about A. D. 1900! (Over even earlier.) O tempora! o flores!

feature is that they elected this unhappy writer to produce, all by himself, several pages of "interesting and instructive matter" each month! How would you like it—especially if you had to steer between the Scylla of writing about things which every doctor should know (but probably doesn't) and the Charybdis of presenting, in sneeze-producing polysyllabic phrases, the new method of treating chicken-pox with intravenous injections of emulsified echinococcus? (Note: At this moment, not having convenient access to the very latest laboratory literature, I am not positive that they are doing this, but, just leave 'em alone and they will).

Under all the circumstances, this writer has determined that he will just try to talk sensibly about things which are—or will any day be—of interest to that host of perfectly sane men who realize more and more fully, as their experience grows, that our lives are altogether too short to learn all there is to know about the treatment of even the more simple diseases. He will endeavor to extend practical assistance to the doctor deprived by circumstances of laboratory service or expert counsel. He will, in short, write for "the man on the firing line," who, to a great extent, must alone and unaided deliver women, staunch hemorrhages, remove appendices and tonsils, resuscitate semiasphyxiated children, reduce fractures, cure colds, colics and even "relieve the rheumatiz." Having been through the stones himself, he knows the kind of grist the general-practice mill grinds out and his heart is with those who gather it.

Particularly will he be guided by the maxim which appears at the head of this department. New and known-to-be-better therapeutic procedures will be presented as clearly as possible, but the things we have learned to depend upon—those measures which we are sure will, under proper conditions, produce a desired result—will receive the most attention. As heretofore, professional communications will be answered directly and any portion of such correspondence which might prove of general interest will be reproduced (in a more or less changed form) in these columns. Obviously, the field is immense and this laborer therein will warmly welcome suggestions as to how he may work to the best advantage of all concerned.

If the sincere desire to serve means anything, he will be of some assistance to someone, somewhere, sometime.

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In "*The Journal of the A. M. A.*" for October 8, 1921, there appeared a most able and thought-stimulating article by Lewellyn F. Barker, of Baltimore, entitled "The Value of Drugs in Internal Medicine." As I read the heading, the thought occurred that, naturally, drugs might be supposed to be useful in this direction—indeed, had for hundreds of years been so employed with more or less success, not only by the ordinary rank and file but, now and again at least, by the very flower of our profession! Of course, drugs were "of value in internal medicine"; why stress the point? And then, as I read the opening sentence of the paper, a great light fell upon me and I knew that somewhere, somehow, I had fallen out of the real ranks and "for years and years and years, my brothers" had been wandering in the wilderness, with others of my ilk, uninformed, out of touch with modern methods and blindly dragging—and drugging, along professional by-paths! Says Barker, of Baltimore, *We are now witnessing a cautious revival of the use of drugs in the treatment of disease.* The sentence is reproduced in italics because it is so seared upon my inner consciousness. Here, I and a host of other medical monstrosities have been going along using drugs day after day and more drugs each year (not to mention more potent forms or derivatives of the old favorites), only to discover suddenly—in one dose, so to speak—that "WE ('*the* people', of course) are witnessing a cautious (particularly note the "cautious") "revival of the use of drugs," etc. Can Barker, of Baltimore, mean that *they* are witnessing (doubtless with tolerant sorrow) *our* use of drugs? Or does he mean by "we" that the epauletted ones ahead are themselves "cautiously" giving such carefully-to-be-considered internal remedies as pulvis rhei compositus, oleum ricini or gelatinum chondri? Or, have "they" been giving these highly useful and more or less potent agents ad libitum, and now are carefully feeling their way with quinine, digitalis and the coaltar derivatives? What will happen when these gentlemen "cautiously revive" sufficiently to give aconitine, atropine, apocynin, bryonia, elaterin, hyoscyamine, arbutin, leptandrin, brucine, colchicine and half a hundred other dependable drugs that we

of the lost legion have been giving daily almost as a routine matter, is, indeed, beyond conjecture!

Cautious, then, indeed, must Barker, of Baltimore, *et al.* be or they will ultimately find themselves giving their patients such absurd things as podophyllin or even viburnum opulus—which we all know is "absolutely devoid of therapeutic properties" (*sic!*).

"Cautiously," gentlemen, is the proper way to proceed and we, whose faith in drug therapy has not died, salute you and earnestly hope that you may learn much! It is something, at least, to have lived to witness with Barker, of Baltimore, the cautious revival of the use of drugs in internal medicine.

The other extremely distinguished physician (his name has escaped me but he *is* a D. P.), who said that there were less than a dozen drugs which could be depended upon in the treatment of disease, must view this revival with alarm!

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A few days ago, a western physician, doing an extensive general practice, wrote, calling our attention to the fact that chiropractors and other drugless practitioners, as well as many physicians, are now using machines for stretching the spine for therapeutic purposes and claiming good results. He asks whether in our opinion it would be a violation of medical ethics for a physician to purchase such a machine and test it in his practice and if, after a clinical test, he considers it beneficial, continue its use; or, if he finds it of no therapeutic value, discard it.

The Managing Editor of Clinical Medicine very pertinently and concisely answered the definite question by saying that "the ethics of the medical profession do not forbid the employment, in good faith, of any remedy, apparatus, remedial agency or method of any kind, providing that such a procedure does not injure the patient." And, to use a modern euphemism, "that's that!"

The further thought occurred to me, however, that there would be fewer osteopaths, chiropractors, naprapaths and drugless healers generally, if regular physicians were a little less hide-bound and not so "ultra-ethical." From the time of "laying on of hands" to the present day, the very "regular" practicians have first decried, then accepted, and often later discarded all sorts of supposedly healing procedures. It was a "quack" who originated the "foot drafts" which later made a reputation for a very celebrated London practician. The "bone setter" laid the foundation for the manipulation which enabled Lorenz to collect one of the largest fees on record for correcting the deformity from which Lolita Armour suffered.

As a matter of fact, the well-equipped physician should know all there is to be known about the treatment of disorders to which the human body is subject, and, as it is impossible for any one man to live long enough to find out all these things for and by himself, he has of necessity to accept the experience of others. Unfortunately, however, practically all of the information he receives prior to entering practice on his own account has reference to such procedures as have been passed upon and accepted by those who earlier constituted themselves the "guardians of ethics"—that is to say, at all times there have been men within the profession who were able, by a word, to render a procedure "ethical" or, by condemnation (direct or implied) relegate it to the realm of the "charlatan." It must not be forgotten that (in the past, at least) the leaders of the medical profession have been extremely jealous of their dignity, not a little supercilious and prone to think that no good thing could come from without.

The "ethical" doctor, fifty years ago, gave 5, 10 or 20 grains of calomel and sneered contemptuously at the idea of securing results from a fraction of that amount of drug. He drew off, without any hesitation, from 20 to 40 ounces of blood; clapped a plaster upon the chest or nape of the neck, and considered that he had "scientifically" treated his patient for pneumonia. This gentleman and others, like those who came before and those who have followed, had an intense contempt for the irregular practician who "puked and sweated" his patient with lobelia or some other "herbal remedy", for the same disease; and, in fact, as you are aware, they prosecuted him whenever it was possible to do so. The public, however, found that it was more convenient to have a bone set and pay a few dollars therefor than to have a "fracture reduced" and mortgage their property to pay the bill. They also discovered that sometimes the "regular" doc-

tor failed to secure those results in treating disease that the herbalist or irregular practician accomplished. And, as time passed and the physician still wrapped himself in a mantle of dignity and professional secrecy, the people became still more prone to seek relief (for their minor ills, at least) wherever they believed results to be obtainable at moderate cost and by processes which they could more or less comprehend.

As education became more general, and the average man and woman obtained a clearer idea of the construction of their own body and natural processes generally, they began to think about matters which heretofore had never entered the lay mind and, naturally, people of various degrees of intelligence began to advance theories, and, unfamiliar with the subject in its entirety, jumped to the conclusion that, because certain procedures proved effective under given, often limited, conditions, they would prove effective always. A little knowledge has been held to be a dangerous thing; therefore, the chiropractor, average osteopath and naprapath, is a dangerous creature. The physician, however, who thinks that he cannot by any possible chance learn anything from these individuals is just as dangerous a creature as they themselves. Moreover, the osteopath of 1921 is not as limited in his knowledge of anatomy, intelligence or manipulative ability as was the osteopath of ten years ago. Indeed often his services are highly acceptable.

The world steadily moves, whether onward or 'round and 'round, is a question, but skirts are shorter than of yore and we all know more, generally, about the human form divine today than did our fathers. Nearly any reader of the "Woman's Home Companion" or "Physical Culture" can tell you what to eat and what not to eat, and not a few of one's intimate acquaintances are quite apt to nonchalantly go down your spine and percuss it for tender areas. The contour of the thorax of Mrs. Smith, or the abdomen of Mrs. Jones is now discussed in polite society, and even the blushing demoiselle of eighteen will tell you things about herself at which "you'd be surprised" and which would have caused her (fortunately) deceased grandmother to drop dead in her tracks!

Moreover, it is very difficult to get some hard-headed old agriculturist or business man to take medicine indefinitely for a pain about the end of his spine, when Bill Smith got rid of a similar "misery" by having his vertebræ stretched—and, may I ask you why stretching of the vertebræ should not relieve certain pains that you and I have a great deal of difficulty in overcoming by the use of internal remedies or local applications? If we are going to hold the confidence, to say nothing of the affection, of the public at large, we must be broad enough to bring to their service every good thing, regardless of its source, and this writer, for one, cannot consider any procedure as "unethical" which is based upon common sense and, because of past experience, is believed likely to prove of benefit to a patient.

In this writer's humble opinion, it is because we try to be too ethical that the chiropractor, Christian Scientist, and others of like ilk, flourish exceedingly, and we find the modern doctor losing faith in himself and attempting to treat only one portion of the human body or a single disease.

M. Nicoll, Jr., in the December, 1920, issue of "Health News," writes, under the caption "The Passing of the General Practician":

"The unfortunate individual who, by reason of the obscurity of his symptoms, is sent from one specialist to another often looks in vain for the only one who can interpret, weigh the value of, and fit in place the seemingly unrelated parts of the puzzle, the well-equipped, broad-visioned, experienced general practitioner; the humanizer, as someone has fittingly expressed it, of medical practice. With his disappearance, except in some of our rural communities, disappears also that most cherished, often sacred relationship between the doctor and patient, the personal side of practice."

It occurs to me that, if we are to delay the funeral, we must bring back that old "sacred relationship between the doctor and patient," and, in order to do so, we must be *ready*, as we certainly should be *able*, to do better work than the osteopath, to beat the chiropractor at his own game, and even, if necessary, to "massage tender areas" and oppose with our own psychic force any psychical disequilibrium in those who intrust themselves to our care. In other words, let us not be too "ethical" in the ordinary sense of the word, but so *really* ethical that, when we accept a patient, we know that we are able to give him the

best treatment he could possibly receive, or, if we feel that we cannot do so, admit our limitations and refer him (without any split-fee arrangement) to some other man possessing greater capabilities.

By all means, Doctor, secure and master the use of any machine or appliance which you have good reason to believe will prove of service to you in the treatment of disease; and, if you can secure therewith results you could not have obtained otherwise, you are proving yourself a competent, conscientious physician and a better exponent of true Ethics than the ultra-regular practician who sneers at such contrivances simply because he does not understand them.

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The ordinary every-day felon (alias whitlow, "run-around," etc., etc.) continues to cause both its unhappy possessor and his medical attendant an infinity of trouble. There is really no reason for this, if, during the early stages, an occlusive alcohol dressing is applied—several thicknesses of gauze, saturated with alcohol, being placed in position and covered with rubber tissue. In nearly every case, it is thus possible to arrest suppuration.

Dr. J. R. Eastman, professor of surgery in Central College of Physicians and Surgeons, of Indianapolis, states that he learned this method in von Bergmann's policlinic in 1897, since which time he has not had occasion to lance a single felon, the treatment of which by this method was begun in time.

If preferred, a solution consisting of: 4 Grams of iodine to 10 Grams of acetone, may be painted with an applicator to the affected area. Lesions which have not suppurated and even those which contain a drop or two of pus superficially, are aborted within twenty-four hours; rarely, indeed, is a second application required.

Another excellent formula is: calcium chloride, 2 ozs., camphor water, 4 ozs., tr. of myrrh, 2 drams, creosote, mins. 20, glycerin, 1 oz. This should be applied in the form of a wet dressing, and is said to remove the most excruciating pain in three or four hours and render any surgical treatment unnecessary if the applications are made early and constantly repeated.

Occasionally, it may be desirable to first locate the sensitive spot and, with a short, medium-gauge hypodermic needle, inject a drop or two of cocaine—or procaine—solution well down upon the periosteum. As the needle is withdrawn, another drop of the solution should be injected. After a few minutes, cut down to the periosteum and inject a few minims of alcohol into the cavity. The alcohol dressing may then be applied and the patient assured that his felon will trouble him no more.

TEA INTOXICATION

One would hardly ascribe any toxic properties to such a widely and almost universally used beverage as tea. Dr. M. Allen Starr, Emeritus Professor of Neurology, Columbia University, has a special article on this subject in the *Medical Record* (March 19, 1921) in which he calls attention to the fact that tea poisoning may occur if the beverage is taken in excessive amounts—in his opinion.

Acute tea poisoning is very rare. Starr could find a record of only one case in the recent literature. On the other hand, chronic tea poisoning is, according to his belief, much more prevalent than we think and is often the cause of many obscure illnesses. He cites Dr. James Wood, of Brooklyn, who maintains that tea was responsible for about 10 percent of the cases of ordinary ill health among Irish servant girls, upon whom he studied the effect of tea.

The symptoms of tea intoxication are insomnia, periods of despondency alternating with states of anxiety and great restlessness, tremor, vertigo and headaches; all these symptoms being preceded by loss of appetite, indigestion and constipation.

Let's Talk it Over

Diagnosis and Specialism

The Attitude of the Physician Toward Modern Medicine, and Toward The Other Physicians and Specialists

SPECIALISM is defined as devotion to a special department of medicine or surgery. Specialism in medicine is the study and treatment of a particular group of diseases as, of the eye, or the nervous system, of children, of obstetrics, etc. A *specialist* would therefore be one who devotes himself exclusively to the study and treatment of a particular group of diseases. A practitioner of medicine who does not devote himself exclusively to a special department of medicine or surgery is not a specialist. An *expert* is one who has skill, experience or peculiar knowledge on certain subjects of inquiry in science, art, etc.

Most of our physicians are practitioners of medicine and not specialists. This is very fortunate, in a way. Very often, specialism causes a narrowing and a surprising limitation of general medical knowledge and medical advancement. The specialist is very apt to see only disease and defect in the particular part of the body in which he is interested, and may many times overlooks some general constitutional disorder.

Every specialist must and should first be a good medical man. He should not neglect the study and advance made in general medicine. His relation to modern medicine should not differ from that of the general practitioner. He should not hold himself aloof and as so much superior to his fellow-practitioners. Courtesy and respect and the usual conventionalities, as ordinarily should exist and are practiced among general practitioners, must as a matter of course, be practiced by the "Specialists"—the "lords and princes" of medicine.

It is never to be forgotten that *opportunity,* sometimes most unusual, unexpected, and exceptional comes to a man and makes of him a specialist. Be it financial good fortune, or a prominent vacancy in a hospital, or most fortunate and helpful association with chiefs of clinics, etc., it is often the opportunity that helps to make the "Specialist" and not really the exceptional and extraordinary ability of the man himself.

Many physicians have the power of accurate observation and experimentation, of critical sifting and systematic classification and of logical thinking. They may have the ability to perceive facts, to judge facts, and to deduce truths from facts; but, yet, without *"opportunity"* presenting itself, they do not and cannot reach the crowning and glorious success that is the lot of many specialists.

Faults and errors, sometimes made by the general practitioner, are frowned upon and scorned by the specialist; whereas similar mistakes made by the specialist, often much more serious and of greater moment, are passed by with little or no criticism or are entirely overlooked. Such should not be the case. There should be more harmony; a better spirit of helpfulness, true and untainted in character, should exist between the specialists and chiefs of hospitals and the general practitioner of medicine,

"To err is human
"To forgive divine."

Diagnostic ability may be possessed by the physician to the same degree, yes and even to a greater degree, if he carefully and diligently applies himself, as by the specialist.

If diagnosis is entitled to the distinction of an art, then the principles of its prac-

tice consist in the application of the accumulated knowledge of clinical observation and experience to new conditions, based upon the uniformity of law and order in the universe. This uniformity of law and order in nature extends to the human body in disease.

Medicine has been defined as the art or science of amusing the sick man with frivolous speculations about his disorder and tampering ingeniously till nature either kills or cures him, and we have the old maxim: "Everyone is a physician or a fool at forty." I believe it was Pope who said: "A wise physician skilled our ills to heal is more than armies to the public weal." It was Byron, too, I think, who sang:

"Physicians mend or end us;
But, tho in health we sneer,
When sick we call them to attend us
Without the least propensity to jeer."

It is the legal duty of the doctor that he shall exercise only such reasonable skill as is exercised by the average of his profession in good standing in similar localities. A physician is not expected nor required to exercise the highest degree of skill possible nor does he insure that his treatment will be successful. The failure, on the part of the general practitioner of medicine, to effect a cure is not evidence of want of skill or care. Of course, one who is an expert or specialist is by the law held to a higher degree of care and skill in his particular line than the general practitioner.

As to diagnosis, a physician who has given a patient the benefit of his best judgment and careful study is not at fault and is not liable at law even if his judgment and diagnosis are erroneous, unless his error is grossly inconsistent and unreasonable with ordinary skill, care and knowledge.

In making diagnoses, we must consider such intangible factors as family history, constitution, temperament, idiosyncrasy, resistance, susceptibility, previous illnesses, virulence, infectivity, etc.; which enter more or less constantly into diseased processes, and lie so largely without the range of our usual clinical demonstrations, often make it impossible to know in a given instance whether it is entirely comparable with cases of its class, and hence constitute a considerable factor of unavoidable error to our art.

"One of the chief reasons for this is that, in the past, we have concerned ourselves with names rather than conditions, and sought to hypothecate disease into definite nosologic groups characterized by a fixed symptomatic assemblage, rather than to visualize it as a process in which the symptoms are nothing more nor less than suspended, augmented or decreased physiologic functions." (Sanders).

The observations, elicitation and assembling of these perverted functions which we call symptoms is the aim of our clinical procedures and the truth deduced from them is the end of our diagnostic undertakings.

In the execution of his art, the diagnostician should possess a full measure of physical and mental vigor, sufficient curiosity to inspire inquiry, a strong imagination tempered with judicial balance, and, above all, a mind sufficiently trained in the logic of the sciences to distinguish between a fact and a truth. He should have, as Dickens says, "a heart that never hardens, a temper that never tires, and a hand that never hurts." He should not be subject to the intellectual languor of fatigue, nor yet the inertia of indolence. He should approach his diagnostic problem with deliberation and an open mind, and apply to it the methods demanded for research in other fields.

In no phase of medical practice are the sins of omission so common as in the realm of diagnosis, and this applies equally to the specialist and the general practitioner.

Mistakes are made by all of us, none of us is infallible, be he physician, specialist, business man, single man, married man; be he a man of high or low social position; be he Jew, Gentile or non-believer; be he rich or poor—none of us is without faults. Let us therefore at times take inventory of stock and let us, at least for a little while, consider our own shortcomings, our own faults, our own peculiarities and let us see ourselves in the mirror as we appear to others. Criticizing and "knocking" others is easily overdone; let us not exaggerate the mistakes and faults of the fellow-practitioners of medicine; let us rather enlarge upon the good deeds and acts, the scientific discussions and the well-prepared medical papers that they bring in from time to time, the good results obtained from this or that treatment, the courtesy and respect

exchanged between them and let us hope that the specialists will feel that they are in duty bound to be as courteous and respectful, as ethical, as helpful and friendly to the general practitioner of medicine as the practitioner is to the specialist. Let us not ignore and belittle the other fellow because success has crowned our own efforts —often owing to opportunity rather than our own superiority.

"The faults of our brothers we write upon the sand; their virtues upon the tablets of love and memory."

Anti-Semitism, anti-fraternalism, strife, slander and derogatory statements about others should all be taboo among medical men, in hospital clinics and in medical societies everywhere.

In closing, permit me to quote the well-known lines of Will Carleton concerning the country doctor's life:

"In the nighttime or the daytime, he would
rally brave and well,
Though the summer lark was fifing, or the
frozen lances fell.
Knowing, if he won the battle, they would
praise their Maker's name,
Knowing if he lost the battle, then the doctor was to blame."

HYMAN I. GOLDSTEIN.

Camden, N. J.

TWO GOOD LOCATIONS

Dr. Alfred N. Shotwell, Mt. Clemens, Michigan, informs us that he is about to retire and that he can introduce a good man in a very desirable location. Physicians who are licensed to practice in Michigan and who desire to make a change will find it to their advantage to communicate with Doctor Shotwell, who desires to retire from active practice.

There also is a good opening for a well-qualified druggist, concerning which Doctor Shotwell is ready to give the required information.

Physicians writing to Doctor Shotwell should enclose a stamped, addressed envelope for reply.

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We have just received information of a splendid, unopposed country practice in North Dakota which is worth $5,000 a year and can be developed further. The present incumbent is about to specialize and will sell at a sacrifice. The proposition will bear rigid investigation. Physicians, especially young graduates, who desire to look into this should act promptly. A letter adressed B. W. A., c/o *Clinical Medicine*, 4757 Ravenswood Ave., Chicago, Ill., will be delivered at the proper address.

TWO NON-OFFICIAL REMEDIES

In my first year of practice, I was called to the country to see a man desperately ill with hiccough. It was a consultation case, and I found a very earnest, plain and sensible looking country doctor in attendance. In reply to my question as to what remedies he had administered, he said "Everything in the materia medica that was ever recommended, and the last thing I gave him was some damson preserves." I could not believe that this sensible looking physician had actually administered anything of the kind as a remedial agent, and asked him if he was joking. "No, I am serious and tried for two days before I could find any," said he. This being a case in the country, the good doctor was dependent upon what the neighborhood afforded of damson preserves of medicinal strength.

At that time, I felt that the old doctor was a back-number and, in all probability, a non-graduate. I reached this conclusion because I heard of no such remedy mentioned in the textbooks and because it was an old-woman's remedy. I soon found out, however, that he was fully posted and up to date on all the sedatives and antispasmodics, and that he had used the damson preserves as a last resort.

He informed me that he had picked up the remedy from an old midwife many years before, and had found it very effective in many cases. "In fact," said he, "I have gotten much useful knowledge by listening to uneducated people."

Some years afterwards, I had a case in which the patient, a man past middle age, had double pneumonia and, as resolution was about complete, he was taken with a violent hiccough. In spite of everything I could think of, I found nothing that would control the continual hiccough. At the end of a week, he was so exhausted that I thought, when I saw him late in the evening, that he would not live through he night. Several medical friends saw the case with me and nothing we tried afforded him any relief.

At my last visit before leaving him for the night, I told his wife that I did not see the need of giving him anything more.

She interpreted this as pronouncing his death sentence. I told her to let me hear how he was the next morning. In the meantime, she got busy and took the case in her own hands. The next morning I heard nothing from the old fellow and concluded he was dead. I did not call to see him, but drove by in the afternoon out of curiosity. Not finding crepe on the door, I called in and was met by his wife in a rather cool manner.

As I entered his room, I found the old man propped up in bed looking calm and rested and with no hiccough. He said in a weak and quavering voice, charged with unmistakable indignation: "You left me to die, and I would have died if my wife hadn't got some huckleberry brandy and stopped my hiccough."

I am not recommending damson preserves or huckleberry brandy as specifics for hiccough, but I have learned much from the unlearned and never pronounce a case as hopeless until the breath ceases.

C. A. Bryce.

Richmond, Va.

THE SEX CRAZE

Another of the aftermaths of this useless and cruel war, such as high costs of living, labor unrest, profiteering, etc., is the ever increasing sexual hysteria engulfing all classes of society and bearing in its wake inevitable destruction to the soundness of our national life.

Its prevalence is demonstrated in the latest dress fashions, the new dances, music, and theatrical productions. In France, it has reached such huge proportions that an interpellation was made in the Parliament and means are sought to check this onrush of external symptoms of sexual hyperactivities, which is evidence of an internal sexual restlessness within the soul of every man and woman.

It is very probable that this phenomenon is compensatory on the part of nature in its attempt to repopulate France or other parts of Europe depopulated on account of the war.

It may also be that the same process is taking place now which has taken place in Ireland during the famous potato famine.

Buckley, the author of "Civilization of England," has proven beyond any doubt that the Malthusian law does not hold true in actual life, as shown by the fact that Ireland has increased its population during that famine period almost time and a half.

But, there is a wide difference of conditions in that era and the present one.

At that time, the people were not as "progressive" as they are now, and were not infected with the poison of the "birth control" propaganda.

The Irish were, in fact, not an infanticide nation as France is today or as other nations are fast becoming. Today, the art of preventing conception has unfortunately become common property, and clandestine sexual intercourse is on the increase, with a corresponding increase of venereal diseases and the ravages that these diseases produce on the mind and body. The dangers staring us in the face are quite evident.

The Bible gives us a fair warning about the delcterious defects of sexual transgression, in the story of Balaam, who could not gratify the wish of Balack's, the king of Mohab, desire to curse the Jews, but who gave him a good advice how to conquer them, namely, to open the gates of his kingdom and let the Jewish soldiers freely mingle with the Moabite women. The trick worked. The hyperactivity of the army and loose sexual indulgences were instrumental in their defeat.

In the closer study of the cause of the downfall of nations, we see that Isiah prophesied the downfall of Judea on account of its loose sexual morals, and if anyone reads carefully the history of Rome, he will see that the Roman Empire also disintegrated on account of the lewd life its aristocracy and ruling class led at that time. A little close observation of more recent events, and we learn that Japan has won over Russia, not as much by her able staff of generals and military leaders, as by her ingenious method of recruiting a great army of the fair sex, who actually vamped the Russians into defeat.

Conceding that the evil exists, the question which presents itself is, of course, how can we best remedy it? The answer is simplicity itself: Education. For, what mightier factor than education do we have in our hands in rectifying social evils?

Our first duty is, to establish a new social attitude and a more enlightened viewpoint on sexual life. Heretofore, the conception thereof was both anomalous and para-

doxical. We consider sexual congress as a social crime under some circumstances, and legalize it under other circumstances forgetting completely that it is a physiologic phenomenon, an expression of an inherent instinct, the propagation of species, the carrying out of which cannot be stayed by any man-conceived law.

It is an accepted axiom that man will disobey man-made laws in order to obey the laws of nature. The public conception of this point needs a complete revision and, the sooner the better. First of all, we need to remove the aspect of secrecy about it. On account of false modesty, we kept our growing generation in absolute darkness about the most vital function that it is called to perform. Is it a wonder that most of the laity have a preverted opinion and bizarre knowledge of anything that pertains to sexual matters? The one thing that was thoroughly emphasized and impressed upon growing youth was, that sexual repression was a virtue. Against this the entire physiologic make-up of the adolescent boy and girl revolted; the more so as they were able to observe and realize that everything in animate life tends toward mating and copulation.

What is the result? We have in our midst millions of sexual neurasthenics and hysterics who received, as Freud justly points out, their first sexual trauma during the most critical period of their growth. We have thousands who have given an outlet to their accumulated sexual energy through onanism and self-abuse. Hundreds of thousands of the more daring ones have accepted the penalty of doing a criminal act in a clandestine manner, thus degrading the most sacred gift of mankind, the potentiality of joy giving, to a momentary expression of animal passion.

That such a condition is deplorable, every one will admit. All this is apparently practiced without any compunction or any consideration of what a terrible sin we commit against our better self and the future race. The result is disastrous. Those who come later on to the lawn of matrimony have already weak procreative powers and hand down to their descendants determinants of a deficient, weak and unstable nervous system, making them thus candidates for the sanatorium and insane asylum, not speaking of the direct injuries that venereal disease brings to their victims. Fully twenty percent of the inmates in the insane asylums are there because of syphilis.

A campaign of enlightenment and education along these lines must be carried on Warning should be given to school children, courses of the sexual ideals offered in the public schools and in public lecture halls. The mouth to mouth propaganda, however, is the best method, and can be best carried on by our own profession. The clouds of ignorance pertaining to sexual life will thus be dispersed and we shall go on to a healthier, saner and more rational sexual relationship, safeguarding thereby the health of our young men and women and securing a healthy future of the generations to come.

B. W. Abramson.

Anamoose, N. D.

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[As to the loose sex life prevailing at the present time, which is, undoubtedly, undermining the vigor and health of all "civilized" nations, it must, of course, be admitted that our correspondent is right—as far as he goes. However, the problem is far greater and more diversified than appears from his discussion of it.

To go into it but very briefly, it is to be considered that this increasing sexual hysteria, of which he speaks, commenced years before the war. The tango that inaugurated various lascivious forms of dancing came to us ten and more years ago. The more or less revealing fashions in dress also antedate the war by several years, as did the general unrest, the necessity to postpone marriage until late in the twenties or even in the thirties, the increasing extravagance in living, and many other things.

It might even be claimed that the maker of a certain inexpensive automobile, has encouraged extravagant living by making the purchase of a car relatively easy. After that, all associated expenses, including those for new and larger cars, follow with grim certainty.

Altogether, it seems to us that the war while being responsible for many, very many, serious conditions, was itself the effect rather than the cause of things that thinking people must deplore, signifying as they do a general decadence and deterioration, not only morally but also physically.

It is quite true that we are living in

times that we can well liken to the period of decline of the Roman Empire; and we might go back further for historical parallels to Egypt, Assyria, Babylon and even more ancient kingdoms.

When it is noted that nations invariably pass through the cycle of development, reaching a climax more or less protracted and then declining inevitably (the latter fact being largely due to internal, national and individual rottenness), we can not but despair of the truth of the old saying, according to which "experience teaches a lesson." We seem to be singularly forgetful of the lessons contained in the history of other nations, peoples and civilizations. We seem—as others did before us—to live but for the day and for our own enjoyment, looking upon work mainly in its gainful aspect, leaving out of consideration its necessity for the progress of the nation and race, its possible ennobling influence, and many other features connected with it.

Whether we shall succeed—that is to say, all those who are affrighted at the manifest downward direction that we are taking—in arresting the course, whether it will be possible for preachers (whether they be of the clergy, of the medical, of the teaching professions) and others, to stem the tide, is to us a discouraging question, since it seems to contain its answer in history, and that with almost mathematical certainty.

True, the débacle will not come in our time. It may take a century, or even more. However, we fear greatly that the Anglo-Saxon races, eminently fitted as they are for world guidance, are digging their graves and that they will be superseded by the Slavonic races, which, in turn, will yield the place to the yellow Mongolians. Even now, the Japanese show a strong inclination, not so much to secure a place in the sun as rather to work toward world dominion. Our grandchildren, perhaps several generations removed, may experience it and suffer for it.—Ed.]

ORGANOTHERAPEUTICS

And now comes a great advance in endocrinology in the use of organotherapeutic agents.

Well spoken is a recent note of warning in the *Journal of the American Medical Association*. We should be a bit cautious lest we attempt to advance too rapidly. After all, it is well to remember that many active principles and other medicinal agents act by exhilaration or inhibition of the ductless glands. In fact, all rational as well as empiric medication has for its object the restoration of normal cell activity of the individual cell, as well as to establish its harmonious relation with the millions of other cells, differently specialized, yet working in hormone-promoted cooperation. Let us not forget the fundamentals taught by Virchow while attempting to grasp the newer features of modern practice. Always must we remember that the secret of successful medication rests in supplying suitable material to meet deficiency in cell content and to give suitable impulse to these cells so as to enable them to utilize material and properly conduct their always cooperative functions. This, and properly caring for the constantly created waste. Upon this truth hangs all "the Law and the Prophets" of medicine, including dietetics.

Feed the cells, see that they use their food and see that accumulation of waste does not occur. Right here, let us never forget our old friend, Dr. Abbott and his practical and scientific proving of his "clean up" theorem. This, no matter what other lines of treatment may be used.

The temptation is toward overenthusiasm when anything new is offered. This has a tendency to lead to eventual discount of real value in proper and always more or less limited fields of indication.

The use of the glandular derivatives, where indicated, is a therapeutic measure of unquestioned merit. On the other hand, overstimulation and consequent oversupply of a hormone element is prone to be equally detrimental. In other words, with the diagnosis established by functional test and clinical history, the organotherapeutic measures should have full consideration. However, I, for one, fear my own lack of diagnostic discrimination too much to care to lightly resort to the use of ready-made polyglandular prescriptions to meet more or less vague conditions.

Through eliminating foci in tonsils, teeth, appendix, genitalia or elsewhere, as well as the ever-present luetic possibilities and never forgetting the importance of urine examination, mighty good results can usually be obtained by active-principle therapy combined with liberal use of the sulphocarbolates to carry out their part of

the "clean-up and keep clean" program as an aid in the adjustment of intestinal flora.

No assault is here made upon the theory and practice of organotherapy; rather, pleading is made for thoroughness in investigation and application; remembering that overenthusiasm has caused many things (most useful in their special field) to fall into unmerited disrepute.

Many an obscure case that has "gone the rounds" will be cured by an initial administration of calomel, bilein and podophyllin, followed by a course of the sulphocarbolates of calcium and sodium; this supplemented with plenty of water and a diet correction. The entire physiological system will be thrown out of balance with a dirty alvine tract and consequent damming-back of purin bases, as is so often shown by indican in the urine.

Just autotoxemia from the great American sin of overeating, of unbalanced rations has upset many a hormone balance. The delicate human machinery will not respond to direct nerve or hormone impulse when it is poisoned with retention of terminal and intermediate products of foods and cell change.

We are apt to ignore the simple medication when it, combined with hygienic measures, is really all that is needed.

The first thing should always be, thorough physical examination and such laboratory findings as will either confirm the conclusions made or lead to their correction. This must be followed up by as thorough a case history as possible in order to correct dietetic errors or environmental wrongs so far as possible.

As a routine measure do not let us forget the urine examination. That red ring at the contact of HNO_3 and urine in the test tube, especially if the stools are light, perhaps clay colored, probably means trouble with the bile passages and usually denotes catarrhal disorder of the duodenum. Your bilious patient has an upset both of hormones and harmony: even is he convinced that all things are, have been, and will be failures. Here harmony, provided the case has not advanced to necessity of surgical interference, will be amazingly restored by the use of the indicated remedies, chief of which are podophyllin, bilein, chionanthoid and sodium succinate. To these may be added lobeline and hyoscine, if there is a spasmodic attempt of a loaded gall bladder to empty itself through engorged ducts. By all means, also, let the patients have plenty of hot water to follow the medicines; else, they usually will not take them. Give the indicated remedy in these cases, also cut down the carbohydrate intake. We are a white flour, highly-milled grain eating race; hence prone to amylaceous indigestion and liver misfortunes.

A. L. Nourse.

Annisson, Ga.

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[Doctor Nourse's contention is justified only insofar as it concerns the uncritical, haphazard utilization of organotherapeutic products. Quite enongh information is on hand to enable the conservative student to avail himself of these agents of undoubted merit. Nor can we share his distrust of "ready-made polyglandular prescriptions." How are these remedies to be employed if not ready-made? In their crude state? No one who has ever seen the crude products would care to do so or even entrust the druggist with extempore prescriptions.

If Dr. Nourse's ban falls on polyglandular products, he must blame Dame Nature for their necessity. As a matter of fact, not only are two or three of the glands with internal secretion often disturbed, but their tendency to vicarious action may be encouraged by the administration of two or even three of the substances.

Needless to say, appropriate care should be exercised. Still, we do not believe that any physician would be rash enough to order thyroid substance in exophthalmic goiter, or administer posterior pituitary substance in patients whose blood pressure is already excessively high. Prove all things and hold fast to that which is good.—Ed.]

"PSEUDOMUMPS"

Some time ago, I noticed a paragraph or two in your Journal concerning a few cases of what appeared to be an acute or subacute infection of the submaxillary glands, simulating mumps in a mild form. The question was asked whether other physicians had noticed similar cases.

The first case of this kind that I remember to have distinctly made an impression on me was seen about three years ago. There appeared to be a slight epidemic at that time, as three or four cases presented

themselves within a short time, and a school physician told me that he had seen several during the same period. He said he did not know what they were. Since then, I have occasionally seen an isolated case. The last one came to me yesterday; hence these few lines.

In all of my cases, the symptoms have been very similar and uniform. The one complained of invariably has been, the swelling, which is moderately intense and distinctly localized under the jaw. There is no involvement of the parotid, sublingual, cervical or remote glands. There is practically no pain except when turning the head or swallowing. The condition is unilateral. There is slight malaise and lassitude, but the patient does not feel ill enough to go to bed or even, as a rule, to quit work; although he is likely to be less efficient. Pulse and temperature are about normal or only slightly elevated. There is no history of severe chills or rigors such as are observed during the onset of profound infections. Some patients say that they felt as if they were "catching cold," while more seem to be entirely unconscious of the onset.

The duration is from one to three weeks. The inflammation never seems to go beyond the state of engorgement. The swelling gradually subsides and there are no complications. The disease gives evidence of being self-limited.

My treatment has been eliminative, alterative, alkalinizing, circulatory and antigenic. To be more specific, the remedies used have been: mild laxatives, iodides and mercurials or echinacea, sodium bicarbonate, aconite and belladonna or aconitine and atrophine, and mixed respiratory-infection bacterins. Recovery appears to take place without treatment and perhaps in spite of treatment. However, I always feel better when I have fortified the patient along at least one or two of the lines indicated. I believe that treatment modifies and shortens the course.

This is a very preliminary report. I hope we may have some more mature.

G. H. Wood.

Detroit, Mich.

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[This is a very interesting, if brief, report, showing careful and close observation. In our experience, one or two cases with such an onset developed actual parotitis, later on. In most instances, though, the clinical picture did not differ from that outlined by Doctor Wood. As far as we can say, no sequelae have ever been observed. —Ed.]

TALKING OF TESTIMONIALS

In one of the socalled practical medical journals, we came across a paragraph (*nota bene*, in the reading pages) to the following effect:

"I have long used ——— and ———," writes Doctor ———, "and have never known them to fail to produce the desired results." Of course, the paragraph mentioned two proprietaries and they belong to those that should have been abolished with Lydia Pinkham's Pills and Mother Winslow's Soothing Syrup.

The question arises: what are the desired results that these alleged remedies have never failed to produce? Were they the two-dollar fees or does the doctor mean that these remedies brought about an improvement in the patient's condition? We should like to know.

ALCOHOL AS A DRUG

I have read your Editorials (pages 590-591) on the 18th Amendment and on Alcohol in Industry. Much talk is made about the alleged savings (up to $3,000,000 or more), but no one ever refers to the cost of enforcing the new law or the loss that it causes to the Government. If the Government had taken over the manufacture and sale of alcohol and handled them for legitimate purposes and not as a beverage, it would be better. Alcohol is a medicine; as much so as any of the narcotic stimulants used in the treatment of diseases, and in certain cases it carries as high medicinal values as any drug used in the treatment of diseases.

I believe that any fair-minded person will admit that alcohol is not a beverage, although it has been used as such by certain classes of the human family, just the same as they are now using morphine, cocaine, "jackass", etc., instead of a pure and reliable drug made and handled as a drug by our Government for medicinal purposes.

I doubt if you or any other level-headed person would have the courage to say (if you will pull off that mantel of policy that

most all try to clothe themselves with) that prohibition will ever succeed or stand as it is now planned, and as it is being enforced (or not) upon a people mentally and physically so constituted as the human family now is.

I noticed, not long ago, an editorial in one of our Coast medical journals, also articles in the San Francisco dailies, on Drs. Archy D. Powers' and Barrows' lectures at a luncheon at the Bay, on the downward tendency of the human family. They claimed that care in selection and education was the only possible hope of bettering conditions. When? If you will just pull the cloak of policy off it, that means nothing more or less than what every good farmer does with his stock; he selects the best to breed from. Under the present methods of propagating the human family, the abolishment of certain stimulating narcotics is a waste of time, money and energy, unless they start on the ground floor to breed and educate to that end.

I do not wish you to think I am wet, as there is no one that hates a saloon, a drunk, or alcohol as a beverage more than I do. But, I do believe that alcohol is one of our valuable medicines. As long as they continue to breed the human family along present lines as to mental, nervous, temperamental make-up, alcohol will be one of our necessary drugs in combating diseases in a great many of the sick.

Under present conditions, it is practically impossible to obtain a pure alcohol, and then only at prohibitive prices and in most instances it is fit only for external use. If you are lucky enough to obtain a permit to purchase through the drug trade, from the Federal Prohibition Director (which I have never been able to do yet, although I have practically sworn my life away two or three times) you can purchase from the Wholesale Drug House, after from one to three months' delay, what they call alcohol at $10 to $12 per gallon; up to 5 to 10 gallons per year.

If you are unlucky and the prohibition director sees fit to pigeon-hole your application (which has been my happy lot up to the present time) if you need any alcohol, to make your tincture of iodine, camphor, opium, digitalis, aconite, camphorated opium, etc., you slip out on the sly and purchase it from the moonshine bootlegger at the same prices as the wholesaler charges you and, as a general rule, in this part of the world, it is generally the better article of the two.

The practice of medicine is an onerous one, especially when you have to carry your own drugs, your nearest drug store is fifty-five miles away; your nearest M. D. fifteen miles, and if you have to cater to a layman prohibition director for one of the staples of your profession, who forces you to purchase it through the moonshine trade. It reminds me a good deal of some advice that old Professof Angier, of the C. P. & S. of Keokuk, Iowa, used to give us. Remember, when you go out to practice your noble profession, he said, that you will discover that the population is made up of 25 percent level-heads, 30 percent of hystericals, and 45 percent of just plain dam-fools. From the way the medical profession has knuckled to prohibitionists, I have about come to the conclusion that a very large percent of the medical profession belong in the 45 percent class.

C. M. Tinsman.

Adin, Calif.

DYSENTERY IN MEXICO

All diseases in this country are hard to cure, for this reason: The people expect too much from medical remedies, especially in the hands of an American physician. They suffer a great deal with anemia, caused by the foods they eat and by the poor elimination in this climate. (Altitude, 5,200 ft.) Owing to the coolness of the air, bathing is not generally practiced, and the skin gets very dry and occluded. That California Osteopath who made a mild stir in the United States by stating that the American people used the bath too much should at least have said that the question has a happy medium, that should be assumed.

We are troubled with dysentery of the true-specific or contagious type (whatever you may see fit to call it) and that gives us much trouble. I bought some sodium salicylate and guiacol and, while I have not used it sufficiently to establish the actual value of those remedies, I have been using the combination intravenously for this disease, and with the most marked success. I have had large practical experience with the treatment of this trouble and have learned to dread it, even with the use of emetine, alcresta tablets of ipecac, bilein,

etc. But, as the death from dysentery comes from toxemia, and the cure must be a remedy that will keep the blood at work or in a condition to work, it appeared to me that such a combination was all right, although I had never heard of its being used in this manner.

All cures of this class of disease must necessarily be made by and through the blood; hence, to put this remedy against the intestinal ulcer, on the *Blood* side, has proven really more to me than I at first expected. Dysentery is at present out of season in the United States, but I would like to hear that somebody else has done well with the remedies for its cure.

T. H. Standlee.

Saltillo, Coah., Mexico.

THE PROPER DOSE

In my earlier days of practice, I found no greater stumbling block than a true interpretation of that one word "dose" as applied to the active remedies of the materia medica. Like all inexperienced medical youngsters, I relied upon what the textbooks told me; and was fortified, before prescribing potent medicines, with a knowledge of the average full dose given in my dose list which I always carried in my vest pocket. I always felt that, if anything unlooked for followed a full dose, I had authority to sustain me. It took me many years to find out that there was no such thing as a dose for the average patient; for every individual has his own responsive gauge to drug action or inaction. Gradually I became convinced that it was not possible to select a dose of many remedies that we could administer with reasonable expectation of getting any certain result. I mean to say that the initial full dose disappointed me so often that I found myself handicapped about repeating it or even giving any more of the same remedy while I was uncertain what might be the delayed action of the dose. In acute cases, it was formerly my custom to give what I considered a good, full-above-the-average dose, and, when I found the patient responding promptly and favorably to the action of the remedy, I was gratified. But, when I got no response from a big dose of a potent drug that I knew might later raise a rumpus, or when I got unpleasant results where I looked for salutary action, I became less and less an advocate of textbook dosage, and realized that each patient had his limitations, and that we could know what we could do only by carefully feeling our way with small and safe dosage frequently repeated until effect.

This was the religion that has been so successfully taught by Abbott, Waugh, and the whole staff of the Alkaloidal Clinic and later by the American Journal of Clinical Medicine.

I know of no greater therapeutic advance than this teaching of the administration of the smallest possible dose of the active principles at frequently repeated intervals until effect is secured. Not only did these pioneers preach this therapeutic advance, but they prepared the improved remedies in the minute doses of active principles and made it possible for the physician to prescribe in the manner that he liked. The elegant and safe little granule or tablet furnished by the Abbott Laboratories places within the reach of the progressive physician the most desirable and safest doses obtainable, and if those two great therapeutists, Drs. Abbott and Waugh, had never contributed anything else to the medical profession, this alone would be a sufficient monument to their unselfish work for humanity.

I do not wish to be understood as denying the value or the necessity of heroic dosage on occasion, while urging as a rule of practice the opposite. If the Editor has room for a little digression, I will mention the results of one heroic dose.

In my first year of practice, I was called to see a lady who suffered terribly from repeated attacks of what she called sick headaches, or nervous headaches, that rendered her miserable for twenty-four hours at least. Her family doctor, a splendid old gentleman, had never been able to cut these attacks short; so, as an experiment, she sent for me, thinking that a young doctor might have something new. It was about the time that chloral hydrate was first introduced to the medical profession, and I decided to cut that headache out at once. I gave her a half dram in one dose. In a few minutes, she began to turn livid in the face and asked me what I had given her; saying that she felt very strange. In a few minutes more, she went into a violent convulsion, which passed off to be followed

by two more, but less severe. In the meantime, a sister had bolted off for the old family doctor without my knowledge and, when he walked in, I felt pretty sheepish. But the good Lord was with me and my patient. As the old soul entered the room, instead of finding his (or my) patient in fits, she awoke from her sleep and said "Why, my headache is all gone." She told me in the presence of her doctor that she intended to get me to give her that same medicine if her headaches came on again. However, I told her "Never again." Still, I had "builded better than I knew," for that chloral shakeup broke up her nervous-headache habit, and she was cured by one big dose.

C. A. Bryce.

Richmond, Va.

TWICE-TOLD TALES

I choose the title because some of the things I am about to relate have been told before: in Medical Society Discussions; in the Transactions of the Michigan State Medical Society; in the *Michigan State Medical Journal;* the Alkaloidal Clinic and in the American Journal of Clinical Medicine.

Nearly all of those who read or listened to the story have passed away, and a new audience of doctors greets me. To this, the statements will. I trust be interesting and instructive. Helpful at least—I venture to hope.

My First Surgical Operation.—In 1876-77 and part of '78, my office was located at the corner of Virginia and South Penn Streets, Wheeling, West Virginia. I am thus particular as to time and location, as there are some living that may wish to locate the spot. This was on Wheeling Island, a large island in the Ohio River and was near the western approach to the wire bridge. Passing along the street, I was one day accosted by an Irish woman of apparently sixty years. She was bent and decrepit. She said, "Are ye the docther?" I said, "Yes; what can I do for you?" "Look at me hand. I have to wash for a living and I cannot bend it at all, at all."

I found three large cartilaginous tumors; one in the middle of the palm of the right hand and the other on the first and second phalanges of middle finger. The index and third finger were pushed laterally far out of their proper position.

I said, "Yes, I can cure that. Where do you live?"

"I live, sor, with my twelve year old nephew in the barn on the alley beyond the street."

We arranged for the operation. I was a stranger. Knew no one but the family with whom I boarded. The man of the house was a jeweler and watchmaker. On looking over my slender stock of instruments, I found everything necessary to do the operation but a bone saw. I had no money and knew not where to get a saw. Passing the jeweler's window, I saw a brass saw, or rather a diminutive butcher saw that was used to saw brass. I went in, told the jeweler what I wished. He gave me an old saw frame and a blade.

With the boy to help place the patient on the floor, I deeply anesthetized her, using chloroform freely on some cotton cloth. I left the chloroform with the boy—ran my knife through the center of the hand from palm to back of hand, and, cutting close to the tumor, carried the blade up past the tumor till it was out of the flesh. This I did on the opposite side. I also cut across the back and front to free the tumor at its base, uniting the first and second incisions. Laying down the knife, I reached for the saw and, when the bone was half severed, the end of the blade broke clear off near my hand. Seizing the loose end between finger and thumb and by dent of main strength and awkwardness, I cut that bone in two and tumor and finger were free from the hand. The rest was easy; catching up the ends of bleeding vessels, I caught them in the old-fashioned bull-dog forceps with mouse teeth; had the boy hold the forceps while I tied the arteries. At that time, torsion and hemostats were unknown. Sepsis and antisepsis were yet in the loins of their father Abraham.

That was the time when the doctor was distinguished by his tall silk hat, the long-skirted Prince Albert coat, and kid gloves. A doctor, let me tell you, was known as a gentlemen; and as a gentleman he always had clean hands. We did not have to wash until after operations were over—either surgical or obstetrical, and, strange to say, our proportion of safe recoveries was greater than it is now with all the refinements of modern surgery. I do not decry

them, but some of the things insisted on cause one to wonder where the trouble all lies. Lately, in a medical journal, I read that surgeons were now discarding rubber gloves, so long thought essential in good surgery. Some of the best surgeons I have known operated with ungloved hands.

My patient made a good recovery. I sewed the edges of the hand together with surgeon's silk, unsterilized, some I had carried for months. I was very careful to save the needle, as needles cost money. Often in those days and since have I used the same needle for different operations without sterilization; for, we knew not of it. You shudder, but such was the barbarity of the times. Placing a roll of cotton bandage, the size of the finger removed, to hold the other in place and to prevent the two next fingers from overlapping or leaving too much toward the cut, I placed a roller bandage over all.

I had suspended a pail (we called it a bucket) two feet from the floor. In this I had a small piece of tubing about the thickness of a lead pencil; by placing in the pail one end to which a weight was attached, and making strong suction with my mouth, I started a siphonage. I made the patient lie on the floor, arm outstretched and the cold water was allowed to drop on the hand. We had no ice. The water was hydrant water taken from the Ohio River. The old lady made the boy watch the bucket and, when it got low, more water was poured in. In this way, the heat and swelling was reduced and she made an astonishingly quick recovery.

She asked what was the bill. I said, "nothing." She had nothing. Her thanks were profuse, but that was not the worst of it. So long as I remained in the city and whenever we met, she began calling down on my head the blessing of all the saints she had ever heard the names of.

C. S. Cope.

Tacoma, Wash.

WHO MAY PROPAGATE?

Among men as among animals, propagation today is unrestricted; any man outside the penal institutions and asylums for the insane may beget his kind at will, when and as often as he pleases. The church encourages him to do so and so does the state. That he is syphilitic, does not disqualify him from parenthood. That he is a criminal by instinct, does not. That he is penniless and unable to provide, does not. Nothing matters, nothing save that the partner in his enterprise, willing or unwilling, be legally married to him.

In this country, it is criminal to teach or practice contraception or, in other words, to limit by artificial means the size of one's family. The apostles of limitation have had a hard and unprofitable time. Doctors, not a few, have been sentenced to prison for a term of years for informing some woman or other, who perhaps already had a brood to care for, how she might avert another pregnancy. Writers and publishers have had the same treatment. The penalty for detection is severe enough to make one tremble and, so, the technic of contraception is being passed along orally, cautiously, furtively, and used by those informed without any unnecessary talking. Naturally, this information comes first into the possession of the acquisitive and those able to pay well for what they want to know. They who need it the most, the poor and the less intelligent, are for the most part ironically denied it.

This situation can be traced to religion. True to its traditions, the church that jailed Copernicus for publishing the fact that the earth and all the planets revolved around the sun, that denounced Simpson for subduing the "holy" pangs of labor with chloroform, that discredited Harvey when he asserted that the blood circulated through the arteries, that has opposed every scientific advance from the first, this same church today, through ordinances largely made to its order, seeks vigilantly to prevent the parent, whoever he may be, from limiting the size of his family.

However, time will bring a change. Not in this but in the next century, perhaps, when the realization comes that regulation of childbirth is right and necessary, there will be legal enactments to this end. Let us hope that it will not come too hard, after civil strife and bitter suffering, as it may, since most men learn the truth only when it is driven into their dull minds by hard, hurtful blows. In that future day, men will no longer be allowed to people the earth with their defective progeny, nor to perpetuate their tainted stock, nor to impose on society more criminals or neu-

rotics like himself, to feed and shelter, out of the public treasury, in jails and asylums.

The sociologist who warned that the world was overpopulated or in a fair way of becoming so was laughed at, some years ago. The scientist who said that disease or tendency to disease was inherited was ridiculed. The idea of a person being his brother's keeper was accepted only as an empty platitude. But, now, we receive these things soberly. A crop failure in China means starvation for thousands. A period of business depression throws thousands of people out of work. From this, we know that overpopulation is no myth. And, now, we are ready to believe that a person is no better than the ductless glands and other physical equipment he inherited from his parents. Heredity then is anything but a myth. And, lastly, is not the paternalistic legislation now in vogue a sign that the platitude is not so empty after all?

The responsibility for bringing an infant into the world is growing heavier for the parent and the state. As it grows, the prospect looms brighter. Men will at last take a sensible stand in the matter of birth limitation. They are being driven to it. We have reached the pass where the innocent must do penance for the sinner, the well must nurse the sick, the strong support the weak.

That is why the day must come when to avoid propagation will not only be a permissible practice but, for a great many couples, compulsory.

HENRY B. HOLLEN.

Chicago, Ill.

[This bald promotion of birth control somehow does not "set well." The objections to a deliberate acceptance of the idea are well set forth by Dr. Rittenhouse on page 51 of this issue. It must be admitted that any "new" idea is prone to be abused; and, that surely would be the fate of birth control if it were to be sanctioned officially by the government of any country. The trouble is always, that those who are less well fitted would go on breeding indiscriminately.—ED.]

MY WILD-WOOD GIRLS

While lying here on a hospital bed, there came to me through the mails a tiny box filled with green creeping vines loaded with scarlet berries all from the depths of the wild-wood. And I have thought, as I lie here, that perhaps the readers of the AMERICAN JOURNAL OF CLINICAL MEDICINE might like to know about my wild-wood girls; for, I believe that not only the doctor himself but all the reading members of his household enjoy the perusal of so interesting a magazine as CLINICAL MEDICINE. And, too, this paper may stimulate some to action who have long been dreaming of a new life and activity in a new land.

My wild-wood girls are two school teachers who are teaching at Fir Tree, Thurston Co., Wash., fifty miles from here. Fir Tree is the name of a school district. It is situated on the top of a hill in the very heart of the forest. Sylvan in every way and half a mile from the nearest neighbor. They are a mile from a telephone, which is situated at a small mill town on Spurgeon's Creek, called also Fir Tree Mill. They are six miles from a railway and twelve miles from Olympia, the capital of the state.

The mail carrier comes to the schoolhouse and a meat market man makes an occasional visit. The children are all brought to and taken from school by auto bus, or covered trucks. The district fixed up an old school house near to the present school, making a three-room cottage. This the girls have furnished at their own expense and stocked with provisions as well, and here they live taking alternate weeks for cooking and housekeeping. They get the cottage rent free. Their school house is in the same yard as the cottage. They have a deep well from which it is a laborious task to pump water. The school house is modern in every way, heated by a wood-burning hot-air furnace. The girls do their own janitor work for which they also receive an added pay.

Be it said that, for many years previously, these girls had known only the comforts of city life. My niece taught in the Barnesville, Ohio, schools for seven years. Barnesville is one of the most progressive little cities in Ohio. Later, she taught at Lakewood, one of Cleveland's most delightful suburbs. My daughter lived at Ionia, Michigan, from childhood. Ionia is one of the wealthy and cultured cities in central Michigan. For the past eight years she lived in Detroit, with its one million people.

It is a change from touch of electric buttons and turning on cold and hot water

faucets, to pumping water and making fires.

At night, the coyote or wolves howl in the forest and the bears prowl near by. But the girls know that the coyote has an innate dread of men and is the most cowardly of all cowards; also that bruin is harmless if unmolested.

The educational standard for teachers is very high. These delicate, refined ladies, happy and unafraid, are joyfully carrying all the culture of civilized life into the very heart of the wilderness. They deserve praise and appreciation.

C. S. Cope.

Tacoma, Wash.

MEDICAL INTERNE

Saint-Elizabeth Hospital

The United States Civil Service Commission announces an open competitive examination for the Federal Civil Service, from among the successful candidate. of which vacancies in Saint-Elizabeth Hospital, Washington, D. C., will be selected as medical internes. The position pays $1,200 a year and maintenance. Vacancies in positions requiring similar qualifications, at the same or at lower salaries, will be filled from the same examination.

A bonus is to be allowed, amounting to $20 a month to appointees whose services are satisfactory.

Physicians, especially young graduates, who are interested in nervous and mental diseases will find here an unusually great opportunity for study. The clinical material at Saint-Elizabeth Hospital is large and varied.

Applications for this examination will be received by the Commission at Washington, D. C., until March 1, 1922, and physicians who desire to compete should immediately write to the Commission for further information.

UNITED STATES CIVIL-SERVICE

Examination for Student Nurses

The United States Civil-Service Commission informs us that an open competitive examination for student nurses will be held, applications for which may be entered up to and including January 17, 1922. A large number of vacancies in the school of nursing, Public Health Service Hospital No. 56, Ft. McHenry, Baltimore, Md., and vacancies elsewhere will be filled from the results of this examination. Both men and women may compete.

Physicians are approached occasionally by young men who desire to take up nursing as a profession. While there are by no means enough women nurses to supply the need, the dearth of men nurses is even greater. The nursing profession is one that offers a splendid field for useful work and young men who are suitable for it should be encouraged to enter it.

Further information regarding the examination may be secured by writing to the United States Civil Service Commission, at Washington, D. C., specifying examination for student nurse.

NOTICE OF EXAMINATION FOR ENTRANCE INTO THE REGULAR CORPS OF THE UNITED STATES PUBLIC HEALTH SERVICE

Examinations of candidates for entrance into the Regular Corps of the U. S. Public Health Service will be held January 9, 1922, at Washington, D. C., and San Francisco, California.

Candidates must be between 22 and 32 years of age, and graduates of a reputable medical school. They must pass satisfactorily oral, written, and clinical tests before a board of medical officers.

Successful candidates will be recommended for appointment by the President with the advice and consent of the Senate.

Requests for information or permission to take this examination should be addressed to the Surgeon General, U. S. Public Health Service, Washington, D. C.

GORGAS MEMORIAL INSTITUTE OF TROPICAL AND PREVENTIVE MEDICINE TO BE ESTABLISHED IN PANAMA

Of particularly deep interest, to all members of the medical profession and to all others interested in questions of public health and sanitation, is the recent announcement of the plans of the Board of Directors of the Gorgas Memorial for the establishment of a Memorial Institution in the City of Panama for research and the extension of means of prevention of tropical diseases.

Anyone who has seen the old Panama at the time of the abandonment by the French of the work of the first canal, involving so much wasted energy, the loss of thousands of lives and some hundreds of millions of dollars, could not but be struck with the present aspect of Panama, its splendid sanitation, its beautiful cities, its five hospitals and, above all, by the completion of the Panama Canal itself, making Panama one of the most beautiful and salubrious spots in the world.

It is well known to members of the medical profession that the accomplishment of this great work and the sanitary regeneration of Panama are due to the efforts of the late William C. Gorgas, Surgeon General

of the United States Army; and to his efforts, more than to any other, success for the work must be accredited.

Coupled with his earlier work in Cuba, the accomplishment of General Gorgas in conquering yellow fever and malaria and conclusively demonstrating the fact that health, even in the tropics, is a purchasable commodity has sent forth his fame throughout the world. Perhaps no single life has done more for the good and well being of humanity, and his great attachment for Panama has made the proposed Memorial, to carry on the work he so ably started, the most practical tribute to his memory which could be conceived.

The honor for the conception of this idea and for bringing it into actual existence belongs to Dr. Belisario Porras, the President of the Republic of Panama, who in the name of his government has tendered the site, a building, and all required equipment, valued in all at approximately $500,000. At the request of Dr. Porras, Admiral Braisted, formerly Surgeon General of the United States Navy, with the cooperation of others equally interested in making this Memorial possible, incorporated the Gorgas Memorial Institute for the purpose, in addition to directing the scientific work, of raising an endowment fund of five million dollars for maintenance.

The proposed Memorial will be built adjacent to the new two-million dollar Santo Tomas Hospital, and the use of its complete facilities has been tendered the Gorgas Memorial to aid in the launching of the work.

The Memorial Building itself will consist of a dignified classic structure patterned after the lines of the Pan-American Union in Washington, D. C. It will house the laboratories and provide facilities for the teaching of students from the various tropical countries and from our own leading schools of tropical medicine, such as Harvard, John Hopkins, and the University of California.

In commenting upon the field of work before the Institute, Admiral Braisted stated that, among the diseases which will be studied in addition to yellow fever and malaria, are dengue, pellagra, beriberi, leprosy, cholera, and the varous mycoses. It is the consensus of opinion that tremendous advances can and will be made through the efforts of the research work in this field.

The tropics, which are so prolific in vegetation of every kind, have been equally fertile in the development of all types and kinds of dread diseases, which tend to make them unsuited and impossible of habitation until careful sanitation made them safe. They then can become the most desirable, the most attractive, and the most prosperous of abiding places. This very fact has made the City of Panama extremely desirable as a home for the work to be undertaken.

The humanitarian benefits to accrue from the establishment of this wonderful tribute to General Gorgas are almost beyond conception. Its complete success means the fulfillment of General Gorgas' greatest desire, that of eliminating these devastating tropical diseases; and at the same time it is a fitting recognition of the worldwide importance that the profession of medicine played in the construction of The Panama Canal.

MEDICAL NEWS

Railroad in Health Crusade.—Operating in conjunction with the Public Health Service and the multitude of communities scattered along its lines, in a determined effort that the water and ice furnished to passengers on its trains and at stations, and to its employes in various offices, shall be absolutely pure and clean, the medical department of the Burlington Railroad is making phenomenal progress in the elimination of disease-carrying germs and disease-forming activities.

In addition to any and all inspections and examinations which may be made by the Health Departments of the many hundreds of communities, the eleven states through which the Burlington operates, and the Public Health Service of the Government, the Burlington tests in its own modern laboratory samples of all waters on all divisions of its entire system. In this way, impure and contaminated waters are at once detected and all waters which fail to pass careful scrutiny are excluded from usage.

In commenting upon this work, Dr. J. A. Denney, medical director of the Burlington, said: "The Burlington has expended more energy in this particular direction to protect its patrons, stock shippers and employes than, to my knowledge, has been expended by any other enterprise in the world."

Two Hundred Children Given "New Eyes".—Out of 100,000 pupils in the New York public schools who fail to be promoted each year, 50,000 have defective eyesight, 25,000 are suffering the humiliation of being "left-backs" simply because they are desperately in need of glasses.

The Junior Red Cross has established a $5,000 fund to aid parents in buying glasses for their children. Already, 200 children have been given "new eyes", according to a report issued by a local chapter of the Red Cross. The fund is self-sustaining, in that the children pay back the cost of their glasses on the installment plan.

Every child who evidently does not see well and every child who is cross-eyed should be examined at three or four years of age. Every child is entitled to an examination of the eyes before beginning school work, no matter what the age. The vision should be tested every year, whether glasses are worn or not, in order to discover any defects that may be develop-

ing or any increase in defects known to exist.

Save Your Eyesight. Few of us care to keep our eyes closed. Drugging them is merely temporary relief. Blurred glasses are only "blinders." There is only one way by which defective eyes can be kept open to see everything that they are intended to see and still be enabled to function normally, entirely free from muscular and nervous strain and that is, by wearing correctly adapted glasses.

Don't use drugs, such as belladonna, to make your eyes shine. Don't buy glasses without first consulting a specialist. Don't read or work in a bad light. Bathing the closed eye with cold water two or three times a day is a splendid tonic and can do no harm except in certain forms of inflammation.—[Eye Sight Conservation Council of America.]

Gilbert T. Smith, M. D. (for twenty years connected with prominent state hospitals); former Assistant Superintendent of the South Dakota Hospital for Insane at Yankton, South Dakota; recently Assistant Superintendent of the Mansfield State Training School and Hospital, Mansfield Depot, Connecticut, was appointed in April Chief Surgeon S/S. "Mount Carroll", United American Lines, Inc., 39 Broadway, New York.

The National Health Exposition, occupying 60,000 square feet of floor space, will be held in the Jefferson County Armory at Louisville, Ky., February 1-9, 1922. This undertaking is under the auspices of the United States Public Health Service, State Board of Health of Kentucky, Jefferson County Board of Health and the Health Department of the City of Louisville. It will include exhibits in hospitalization, nursing, dentistry, medicine and pharmacopy. The University of Louisville, the public school system, and various local, state and national health organizations will participate.

The annual conference of the city and county health officers, the annual convention of the Kentucky State Public Health Association and other health meetings are already scheduled in connection with the Exposition.

An institute will be conducted by the United States Public Health Service and its program will include:

Dr. M. J. Rosenau, Dean of the Harvard School of Public Health; Dr. Josephine Baker, Director of the Department of Child Hygiene, New York City Board of Health; Dr. Wm. A. Evans, former Health Officer of Chicago and the most distinguished public health editor in America; George T. Palmer, President of the Illinois Tuberculosis Association and Director of the Bureau of Tuberculosis of the Illinois State Board of Health; Dr. Frederick E. Greene, Secretary of the Council on Health and Public Instruction, American Medical Association; Dr. Valeria H. Parker, Director of the Interdepartmental Board of Social Hygiene; Dr. John H. Stokes, distinguished syphilographer of the Mayo Clinic; Dr. Frankwood Williams, Director of the National Association of Mental Hygiene; Dr. W. S. Rankin, State Health Officer of North Carolina, a member of the Council of Health and Public Instruction of the American Medical Association and recently President of the American Public Health Association; Dr. John Dill Robertson, Health Officer of Chicago; Dr. John R. McDowell, Director of Health for the Lake Division, American Red Cross; Dr. John R. McMullen, United States Public Health Service, and Miss Frances Brink, Director of the National Organization for Public Health Nursing.

Expenses will be paid through the sale of Commercial exhibit space to a limited number of reputable firms.

Endocrine Substances in the Treatment of Nervous and Mental Diseases.—On December 13, 14, 15 and 16, 1921, Dr. Albert A. Lowenthal, of Chicago, lectured to large audiences of physicans and teachers on nervous and mental diseases. In the course of his remarks he pointed out that, in the great majority of patients belonging to this class of cases, there exists endocrine insufficiency or malfunction. Many times, the symptoms can be greatly alleviated by the suitable administration of properly selected endocrine remedies. This was demonstrated clearly in numerous patients who had been brought by their attending physicians and in whom the beneficial influence of the treatment was very manifest. The lectures were of great interest.

The first evening's lecture dealt with neurasthenia, hysteria and epilepsy; during the second, locomotor ataxia, paresis and cerebral syphilis were discussed. At the third meeting, the subject of backward children was under consideration, and, the fourth evening, Doctor Lowenthal talked about insanity and sexual problems. Some of these subjects will be dealt with at greater detail in separate articles which are under preparation now and which we hope to publish in the near future.

"PELIDISI"

Dr. Clemens von Pirquet, of Vienna, who is now delivering the Silliman lecture course at Yale, is the discoverer of the scientific system known as "Pelidisi," on which the American Relief Administration has been basing its Austrian child-feeding and which it will now apply to the still more formidable Russian problem. The number of

hungry in the famine regions being out of all proportion to the resources of the Relief Administration, some process of elimination is necessary to insure the food's reaching those in acutest need. Dr. Pirquet's "Pelidisi," which estimates accurately the degree of undernourishment in each child, gives a scientific standard by which the Administration's workers can select the children to be admitted to its kitchens.

The word is a composite one, being derived from the following—'pe', *pondus decies*, the ten-fold weight; 'li', *linearis;* 'di' *divisio*, divided by; 'si', *sidentis altitudo* the sitting height. It is based on the following scientific facts:

The cube of the sitting-height of a normal adult, measured in centimeters, equals the ten-fold weight in Grams. An adult with a sitting-height of 90 centimeters has, for example, a normal weight of 90x90x90 divided by 10 or 72.900 Grams. This correct, or normal, adult weight is designated by the standard figure of 100. For a school child who does not carry as much fat and muscles, the Pelidisi is on the average, not 100, but 94.5. Children, therefore, with a Pelidisi of 94 or less are considered underfed; those with a Pelidisi of from 95 to 100 are well nourished, and those above that are overfed.

As a matter of practice, however, in the food kitchens, it is not always possible to admit children with a "Pelidisi" as high as ninety-four. The figure at which the line has been drawn in Austria for the winter of 1921-22 is 91.5. Just where it will be drawn in Russia, is not yet determined, but conditions there are even more desperate than they were formerly in Central Europe.

One million two hundred thousand children are now being fed in the famine areas by the American Relief Administration. They will be selected out of many whose lives are in imminent danger from starvation this winter, unless they can obtain foreign aid.

To enable the generous-hearted to help adults, the administration has opened a Food Remittance Department, where packages to the value of from $10 to $50 in $10-units can be purchased for delivery to a designated individual or to the value of $500 to a recognized institution. Anyone wishing to purchase such a remittance can, by applying to the American Relief Administration, Russian Department, 42 Broadway, New York, obtain a blank to be filled out according to directions and returned with the necessary check or money order. The remittances are then forwarded to Moscow for distribution to the warehouses in the famine territory, at which the recipients are notified to call for their supplies.

So economical and efficient is the buying and transportation of these supplies by the American Relief Administration that the amounts furnished are equal to those which could be purchased for the same money in an American store. There is one condition attached to this service, and that is that twenty-five percent of all the food bought with the remittance must go to the Russian children.

CLOSE TIMES HIT ORPHANAGE HEAVY BLOW

The close times and increased population have dealt the Christian Home Orphanage of Council Bluffs, Iowa, a heavy blow. This institution cares for an average of 250 little children daily. It also conducts a department for aged, dependent women, and a department for deformed and crippled children. The institution was founded in 1882, and since that time has provided for an average of 500 homeless people annually. The institution is at present struggling under a heavy debt and, with winter at hand and calls from the needy rapidly increasing, efforts are being made to wipe out the debt by a New Year's offering. This institution is the only home that hundreds of destitute children and aged women know. The Home is supported entirely by voluntary contributions of charitable people. It receives children from any part of the country, employs no traveling agents and is absolutely non-sectarian. This great institution sorely needs your help now. Send them a New Year's donation and help them pay off the old debt and care for many hundreds who will seek food and shelter there this winter. Address, The Christian Home Orphanage, Council Bluffs, Iowa.

BIRTHS AND BIRTH RATES IN THE BIRTH REGISTRATION AREA: 1920

The Department of Commerce, through the Bureau of the Census, announces that in the year 1920, there were 1,508,874 births reported within the birth registration area, which includes 23 states and the District of Columbia, the estimated population of this area on July 1, 1920, being 63,659,441 or 59.8 percent of the total population of the United States. The birth rate was 23.7 per 1,000 population, which is considerably higher than the rate (22.3) for the previous year, but is below the rate (25) for 1916, which may be looked upon as a more normal year, as it preceded the influenza epidemic and the entrance of the United States into the War.

For 1920, the highest birth rate (31.7) for the white population is found for North Carolina and the lowest (18.3) for California, while for the colored (which includes Negroes, Indians, Chinese, and Japanese), the highest rates are 39.5 and 39.3, respectively, for Washington and California. The next highest rate for the colored, (31.3), is for North Carolina. The lowest rates for the colored (disregarding the very low rates in a few of the New England states in which the Negro population is small) are for Kansas (17.1) and Kentucky (17.6).

What Others are Doing

TUBERCULIN IN EPILEPSY

Dr. James Crocket (*Brit. Med. Jour.*, March 26, 1921, p. 458) reports two remarkable cases of epilepsy which improved under tuberculin treatment. In the first case, tuberculin was originally given with the purpose of relieving the patient of tuberculous glands from which he had suffered for a long time. Incidently, the patient had also been afflicted with epilepsy of the major type since the age of seven.

His tuberculous condition yielded favorably to the tuberculin treatment; and, to the gratified surprise of Doctor Crocket, the patient's epileptic fits decreased in number and finally did not appear for a period of three years. This remarkable result stimulated Dr. James Crocket to try the therapeutic effect of tuberculin on other epileptics.

One patient, a mental defective, who has had as high as 309 major and 29 minor attacks, rapidly recovered under the treatment and did not have a single attack for fourteen months. His mentality also improved wonderfully, changing from a pugnacious and irresponsible type to that of a well behaved and industrious fellow.

Since then, tuberculin has been given by Doctor Crocket to a hundred epileptic cases and with beneficent results in some.

[We remember a personal communication from Doctor Welcminsky, of Prague, to the effect that he succeeded in relieving an epileptic girl of her trouble by means of a tubercle-bacillus preparation which he had elaborated before the war. Various reports have appeared in medical literature to the effect that epilepsy may be the expression of a tuberculous toxemia. While this affords an exceedingly valuable guide for treatment that should never be neglected, one may not lose sight of the fact, equally true, that other cases of epilepsy have developed upon a syphilitic basis, still others are clearly the expression of an intestinal autointoxication, usually with endocrine deficiency, and a great many are manifestly due almost entirely to endocrine ill-balance. It is significant that we no longer speak of epilepsy, but of "the epileptics." The exceedingly variable nature of this awful affliction is thus well characterized.]

TREATMENT OF EPILEPSY

Almost every physician reads with a great deal of interest any article pertaining to the treatment of epilepsy. For, nothing is so disheartening to the physician and discouraging to the patient as our inability to get actual and lasting results in the treatment of this disease.

Dr. I. S. Wechsler has a very readable article on the subject in the *Medical Record* (Oct. 22, 1921), and, though he offers no exact method of curing epilepsy, yet he presents some valuable suggestions as to best manage it, at least. He calls attention to the fact that epilepsy may be caused by certain idosyncrasies to food, and also by some flaw in the endocrine system of the individual. He cites a case, for instance, where one patient got rid of his epileptic attacks by eliminating eggs from his diet, and that certain foodstuffs bear a definite relation to some of the epilepsies, almost akin to sensitization or anaphylactic reaction (?).

As to remedial agents, he does not pin his faith to any one single drug. He does not believe that luminal deserves the popularity which it enjoys. Still, it is a very valuable drug, though by no means a specific. "While it should be tried in all cases, one should not hesitate to discard it for some other method of treatment, particularly for the well-tried bromides." Out of fifty-eight patients who had received luminal for varying lengths of time, eighteen may be said to have had their attacks stopped by the drug. However, luminal can be depended on to keep convulsions in abeyance only so long as its administration is kept up. No sooner is the drug stopped than the attacks return, according to the author's experience. In one or two in-

stances, the condition even was aggravated by luminal.

Despite the disrepute into which the bromides have fallen, the author finds that, at times, they are the only drugs that have any effect on the epilepsy. In many cases, he observed good results after the combined administration of bromides and luminal, when neither alone seemed to have any effect. In still other cases, neither one alone nor both in combination were of the slightest use—"which illustrates once more that failure is often the reward of the treatment of symptoms whose etiology is unknown."

The author cites one case in which sulfonal caused a cessation of the attacks. In other cases, dial ciba worked well. The Abstractor desires to remind his readers of certain good reports from the administration of solanine hydrochloride. Also, he has employed barbital-sodium with very satisfactory results in one case.

To return to Dr. Wechsler's communication, it is of interest to note that he has seen, on one or two occasions, such remarkable results from the administration of endocrines, that he was tempted to use the various products of the glands of internal secretion in many cases of epilepsy. The fact that he could not duplicate his remarkable results, does not, in our opinion, argue against these interesting remedies. We ourselves have seen decidedly beneficial effects from the administration of thyroid substance, and also from ovarian substance. The difficulties in the selection of endocrine remedies and, no less, in the selection of cases for their employment are still considerable. Nevertheless, we are of the opinion that there is, undoubtedly, an endocrine malfunction in many cases of epilepsy and that it is well worth while to try these remedies in such cases. The reproach, if reproach it be, that such a procedure is empirical is not justified, we hold. After all, progress depends upon empirical procedures in, virtually, all instances where it could be recorded at all. After empirical methods have been successful in a sufficient number of cases, it may become possible to draw definite conclusions as to their rationale.

A further important point that is raised by Dr. Wechsler deals with the dietetic restrictions and the general hygienic measures that demand strict attention in the treatment and management of epileptic patients. In the matter of diet, it has been found that certain foodstuffs bear a special relation to some of the epilepsies, as has been mentioned already. Certain it is, that most epileptics are prone to eat too much while eliminating insufficiently. In some cases, it has seemed to the Abstractor that an almost voracious appetite was indulged unduly until an explosion occurred, in the form of an epileptic attack, for the reason that the body had become loaded with toxins of intestinal origin. That is a very important feature of the problem, and Dr. Geyelin, cited by the author, reported very significant success by means of starvation, although, Wechsler adds, his results point to some correlation between the number of convulsions and the height of the induced acidosis. Here, we submit, is a very important factor. The tendency to acidosis must be counteracted, together with the marked inclination to constipation.

Dr. Wechsler's article is of value more especially in that it presents certain definite suggestions; but, no less, because he recalls to our memory the fact that essential epilepsy is not a disease, but a symptom-complex of possibly numerous unknown underlying conditions. For that reason, there can be no specific drug, no specific method of treatment advanced at the present state of our knowledge. All the more cause for continued industrious study of this serious affliction which greatly handicap many young people, who otherwise, might become useful members of society.

A SPECIFIC CURE FOR TUBERCULOSIS AND PNEUMONIA

The author of an article on the subject given in the title (*Med. Rec.*, Nov. 5, 1921,) is himself aware how careful one must be in offering to the critical medical world a specific cure for tuberculosis and pneumonia, especially since so many pretenders (à la Friedmann and others) have so sadly failed. He is therefore reluctant to claim a cure for advanced types of tuberculosis, but believes that incipient cases are amenable to improvement by means of his method.

Dr. Stern is of the opinion that acidosis is principally responsible for the manifestations of disturbance in the circulation and respiratory apparatus and, if such be the case, the treatment logically suggests it-

self. He says, "Combat the acidosis and the battle is won." He advises the use of sodium citrate in pneumonia, in doses of 2 drs. to 8 ozs. every two hours, and in children according to age, giving the following reason for its use:

1.—Sodium citrate helps to promote resolution of the coagulated area.

2.—Sodium citrate is converted into sodium carbonate and thus helps provide for oxidation by supplying the system with free oxygen.

3.—On account of its diuretic properties, it provides for hydration and dehydration.

4.—It helps to keep in solution the albumin essential to maintain the normal viscosity of the blood.

5.—It helps to dilute the toxins of the invading bacteria and we need not fear the virulence of any bacteria in consequence.

The author had unusual success with this treatment. He states that he had only two deaths in a series of over a hundred cases, and a clinical try-out of this method by other physicians is heartily recommended.

THYROID ACTION AND FEVER

One must be certainly thankful to Dr. Ward for his remarkable contributions to the study of thyroid action in its relation to the phenomena of fever in disease and the maintenance of normal temperature in health (*Med. Rec.*, Sept. 21, 1921).

First of all, he points out the various actions of the thyroid secretion in opposition to those of adrenalin, showing the neutralizing effect of the thyroid secretion, without which our organism simply could not carry on. Interesting aspects of the thesis have been taken up by him in careful detail under the following heads:

1.—The effects of adrenalin.

2.—Effects due to neutralizing adrenalin and how the thyroid secretion does it.

3.—Other effects of thyroid secretion.

4.—The role that it plays in reaction to danger, mental shock and physical injury.

5.—The reaction of the thyroid to chemical injury.

6.—Fever and metabolism.

7.—Regulation.

Of special significance is that part of the article where Dr. Ward points out the identity of the characteristic features both in fever and hyperthyroidism. Enumerating the features of fever, for instance, throat vasodilation, full bounding pulse, tachycardia, low blood pressure, vague pains, headache, delirium, etc., he shows that they are to be found in hyperthyroidism.

THE THYROID AND ITS RELATION TO FEVER

Fever has long been considered by leading pathologists as a defensive mechanism on the part of nature to combat disease. Just how that mechanism works is still a debatable question.

A very interesting view is entertained by Dr. E. H. P. Ward, in his article on "Thyroid Action and Fever," occurring in the *Medical Record* for September 21, last.

He maintains that the phenomenon of fever is nothing more than a prolonged state of hyperthyroidism, and he states the following reason for his opinion: (1) The thyroid gland is often congested in febrile conditions, indicating increased activity of the gland; (2) the thyroid often atrophies or becomes functionally insufficient after prolonged fevers and infectious diseases, pointing to exhaustion due to overactivity; (3) fever is a reaction to toxemia and the thyroid is noted for its detoxicating properties; (4) the characteristic features of fever, namely, tachycardia, full bounding pulse, shallow respiration, erythema, diaphoresis, and so forth, are all present in hyperthyroidism; (5) the thyroid secretion has an autolytic action on toxic substances and is an eliminative factor by opening up the excretory channels—those of the skin, kidney and gastrointestinal tract.

It occurs to us to be beyond a doubt that the opinion held by Doctor Ward is ably defended by the force of his logic and scientific argument. In addition to the other theories advanced by such men as Leschke, Citron, Cushing and Vaughan, it sheds a great deal of light on the subject.

THE ROLE OF THYROID GLAND IN FEAR

Dr. E. H. P. Ward, in his erudite article on "Thyroid Action and Fear," appearing in the *Medical Record* (Sept. 21, 1921), has a remarkable discussion on the subject of the thyroid secretion and its role in fear; his conclusions are hereby given for

the benefit of the readers of CLINICAL MEDICINE.

He discusses in a rather lengthy manner the passive reaction of an animal to danger and finds its analogous to the condition found in exophthalmic goiter. He states that, when an animal receives a stimulus suggesting danger, one of the three things occur:

1.—The animal runs away.

2.—It may investigate or attack.

3.—It may become immobilized or "freeze."

All these reactions may be accompanied by fear. The adjustment for these reactions preparing the organism for flight (increased activity) or immobility (suspension of activity) are affected immediately by nervous stimulation or inhibition, but the continuation of the effect is controlled by the adrenalin or thyroid secretion. In case of flight or action, an abundance of adrenalin is required for the increased muscular activity. In cases of the freeze reaction, characterized by cardiac and muscular inhibition (the heart stands still), the thyroid gland becomes hyperactive, a throbbing in the throat is experienced, the heart beats in the throat, the condition of hyperthyroidism is established.

A lowering of blood pressure, dilatation of skin vessels, flushing face and neck are observed, beads of perspiration break out on the face, the rapid splanchnic dilatation that follows leaves the skin pale and cold, accounting for cold sweat. Muscle tone is reduced, especially in the legs of the animal that is "rooted to the spot." The respiratory movements are shallow. The relaxation due to the influence of increased thyroid secretion may be so great that the adrenalin-constricted sphincters may relax, involuntary passage of urine and feces taking place. The eyes protrude to increase the field of vision, there is tremor of fear, flushing alternating with chills.

Briefly speaking, all the cardinal symptoms of exophthalmia may be recognized in fear.

MILK INJECTIONS IN CHILDREN WITH PITYRIASIS ROSEA

Dr. Carl Leiner reports in the *Wiener Medizinische Wochenshrift* (Oct. 15, 1921), some very remarkable results that he obtained by using intramuscular milk injections, in the treatment of pityriasis rosea.

He injects, intramuscularly, 3 to 5 mils (Cc.) of boiled and filtered milk, and usually gets good results from a single injection.

The effects noticed after the injection are as follows: For the first six hours, there is a rise in temperature up to 101° C. which returns to normal the next day. The first twenty-four hours, an increased inflammation of the lesions may be noticed, lasting for a day. In four to five days after the injection, a noticeable change can be noticed. Exfoliation soon starts and, in a week's time, only pigmented spots are noticeable, the ultimate cure of the disease resulting in due time. Leiner gets the same excellent results in the treatment of this condition in adults, as he has observed them in children.

THE TREATMENT OF URINARY INCONTINENCE

Dr. F. Hernaman Johnson (*The Lancet*, June 18, 1921) gives some very practical suggestions as to treatment of nocturnal incontinence. He advises to give belladonna only with the view of "breaking the habit" and never for a longer period than two months. Thyroid extract is very useful in some cases, especially when there are adenoids. Alkalies may be useful where the urine is shown to be hyperacid.

Suggestion is of great value, provided it is used carefully, since it may establish an autosuggestion of incurability, and then it becomes difficult to cure the condition.

Electrical Treatment.—In addition to the old proven methods of applying galvanism and faradism, the author uses the high-frequency current.

The combination of suggestion and of electrical treatment proves often efficacious, even in cases where previously suggestion has failed to get results. The author describes an internal application of electrical methods, consisting in introducing a metal bougie into the bladder and allowing a faradic curent to pass through it, or by filling the bladder with a mild solution of zinc sulphate and passing a rubber catheter containing a wire of soft metal. A current of 10 to 15 milliampères is then passed for ten minutes, the wire being positive and a pad, placed under the buttocks, forming the negative pole.

Among the Books

ROBINSON: "JACOB HENLE"

The Life of Jacob Henle. By Victor Robinson, M.D., New York: Medical Life Co. 1921.

It is not often that the Reviewer can express quite so cordial and unreserved an appreciation of a book as he is in the fortunate position to do in the case of the volume before us. We have known for years the almost uncanny ability that Dr. Victor Robinson possesses of thinking himself into the personalities of those men whose biographies he writes. His "Pathfinders of Medicine" bears witness to this enviable gift. In "The Life of Jacob Henle", the biographer has been entirely true to his nature. He has handled his subject not only in an honest, fair-minded and faithfully historical manner but also sympathetically and with a true appreciation of the dignity of his subject and of the unusual position that was occupied by the great anatomist, Jacob Henle.

To us moderns, Jacob Henle must always stand forth as an original investigator in numerous directions of anatomical research. However, he was far more. The few volumes that are extant of his "Journal of Rational Medicine" bear witness to the remarkable, one might say prophetic, foresight of Henle's genius, of his astonishing understanding of physiology, both normal and pathological. Not only his "Handbook of General Anatomy" but even more his "Handbook of Rational Pathology", and especially his "Pathological Researches" appeal to us as the works of a master mind that should not be forgotten but deserve to be kept in grateful memory.

Among Henle's "Pathological Researches", those of us who are devoting special attention to the study of infectious diseases, the recognition of which as to their etiology we attribute almost entirely to the most modern times dating since Pasteur, might well remember that, as early as 1840, Jacob Henle published a remarkable study entitled "About Miasmas and Contagions." In this discussion, the probable cause of communicable diseases, also various of their characteristics, such as the infection-fever and so forth, were treated in a manner that is truly prophetic. It may be considered in the light of historical justice that it was a pupil of Henle, namely Robert Koch, who contributed more, almost than any of his contemporaries to the final elucidation of one of the most prevalent and most important bacterial diseases, namely tuberculosis.

"The Life of Jacob Henle" has afforded the Reviewer an unusually pleasant Sunday afternoon. We desire to urge physicians strongly to secure this book which depicts not only the life of a scientist but enters into his many truly human traits and is really charmingly written. If we add that it contains, among others, a very delightful love story, one of the kind that actually happened, it may afford an additional inducement for the reading of the book.

LYDSTON: "TRUSTY 515"

Trusty 515. By G. Frank Lydston, M. D. Kansas City, Mo.: Burton Publishing Co. 1921.

Doctor Lydston's latest book contains within its pages several stories that all leave their separate imprints upon one's mind and give rise to various currents of thought. It is a peculiarity of Lydston's writings, not found invariably in the writings of even medical men, that they make one think. Moreover, the thinking can not but be productive of at least a degree of good, in so far as it clarifies the reader's ideas concerning many problems.

The book opens with a description of conditions as they are possible only under a rotten political-spoils system, such as prevailed, for instance, in New York in the seventies of the last century, during the days of the Tweed Ring. Of course, political rottenness is not a monopoly of New York. Other cities have their Tammanys, their Tweeds, their Boss Hennessys

and all the rest of the unsavory characters. The story is, in brief, that of a young engineer who happens to incur, quite innocently, the displeasure of a boss of the tenderloin district and who, consequently, is "fixed", saddled with a crime that he did not commit and railroaded to Sing Sing under sentence for murder. Having become a trusty, been attached to the Warden's office, because of his manifestly superior qualifications, and having been told by a co-trusty the awful truth of events through which his life was blasted, he does not hesitate to make use of an opportunity when it presents itself to break jail, and goes west.

"West", in those days, is described as a country inhabited by joyful, open-hearted, truly human men and women who cared not for what a man's name or antecedents might be as long as he *was* a man and dealt fairly with his fellowmen. The black sheep of the communities, typified by gamblers and fast women, were sharply characterized not only by their occupations but by their mode of dress. Decent women were nowhere as safe as in the "wild west." They might confidently walk through the streets of the town, even after dark, and nobody would molest them or insult them unless it be some rotter from the east; and if such an insult were offered, the woman need only whisper to any one of the men and the guilty one would be given short shrift.

It is in such surroundings that the escaped convict and former trusty starts life anew, naturally under a new name, and where he makes a position for himself that is so good that, soon, he receives the unanimous nomination for sheriff.

Incidentals of the story, such as successful mining and acquiring of a wealth, the making of good, honest friendships, the acquaintanceship with sturdy, genuine characters like McGinnis, the saloon keeper, Molly McGinnis, his militant wife, Ellen, their charming daughter; no less, Smithers, the English tenderfoot, and many others, all serve to maintain and increase the interest.

Through the whole, there runs a very beautiful love story that starts years before the hero meets his sweetheart, when he clips a picture that appeals to him from a magazine cover; to be continued when the trusty in Sing Sing meets the original of the picture (that he had carried over his heart for years) in the person of a young lady visiting the Warden and whom he later meets again in the west as the school ma'am of the district. It goes without saying that the love story ends in marriage, as it should.

The characters of the story are true to life. They are by no means imaginary personages but are portrayals of people who actually lived, worked, fought, loved and had their being in those days.

Reverting, for a moment, to the first portion of the story, it is a peculiar phenomenon that such depraved political conditions could and can exist in this country of ours. Possibly, it is a necessary factor in the process of fermentation through which the numerous elements that go to make up the American nation are welded together to make a whole that ultimately shall stand forth as a leading nation with all the good qualities of the older ones, and, let us hope, nothing of the really bad. The story of prison life and prison conditions illustrates forcibly the great mistake that is made in considering the process and aims of criminal law to be one of meting out punishment upon the actual or supposed offender; of wreaking vengeance upon the perpetrator of a crime; of exacting a tooth for a tooth, an eye for an eye, a life for a life. That such methods do not result in good to the commonwealth, that they but foster other and greater crimes, is now well known and was believed to be the case, even fifty years ago. The kindly Warden who holds office, strangely enough, in that hot-bed of vicious politics, insists strongly upon it that his convict charges should be treated as human beings and not as wild animals. He tries, though in vain, to curb the inhuman tactics of the deputies and the keepers and puts forth his best efforts to improve prison conditions and to change the entire penal system for the better. Conditions like those that Major Donaldson, the Warden, fights are not obsolete even now; more is the pity. One might expect that, at this day of sociologicial study and general uplift, a true sense of proportion might become manifest, at least to a slight degree.

We suspect that Doctor Lydston's principal purpose in writing his story was, to depict graphically the evils of our archaic penal system, to show how absolutely and utterly it fails to lessen crime, how it does not even succeed in making the guilty expiate their offenses against the law, and how easily an infraction of the criminal law can be fastened upon the innocent. It makes

one wish for power to eliminate environments like the tenderloin district, whether it be that of New York or any other great city. It causes one to desire passionately the ability to change man's evil thoughts of illegal gain, unearned pleasure and unfair treatment to each other. Undoubtedly, "Trusty 515" teaches an impressive lesson. Shall we heed it? It is to be hoped that penologists, educators, physicians and all those concerned and interested in these problems will read the book and will cooperate for the purpose of working out the impressive lesson contained in it.

FITCH: "POCKET MEDICAL FORMULARY"

The New Pocket Medical Formulary. By William Edward Fitch, M. D. Third Edition Revised. Philadelphia: F. A. Davis Company. 1921.

Probably most doctors in their early years of practice, and even sometimes in later years, find themselves placed in situations where "a fellow needs a friend," when he has not time to consult his library. In some obscure case of dislocation or fracture, or in some unusual disease, such a handbook as this, carried in pocket or bag, may be a great help in clearing up a doubt. The diagnostic tables in this book are very complete and valuable. In fact, every variety of information that a busy doctor may need is given in convenient form.

ROBINSON: "ORDINARY DISEASES"

The Treatment of Ordinary Diseases. Notes from the Record Book of an Old Practitioner. By Beverley Robinson, M.D., New York: American Medical Publishing Co. 1921.

Benjamin Rush once declared that one of the duties of a man who desired to fulfil his destiny was, to leave behind him some token of his activity, whether this be the building of a house, the planting of a tree, the founding of a family, or the writing of a book. If the accomplishment of the last-named task must, in many instances, be a charge against a man's memory rather than a credit to it, this can not be said in the case of Dr. Beverley Robinson's "Treatment of Ordinary Diseases." Doctor Robinson calls himself an old practitioner. All his life he has been a general practitioner; and mainly that, even though for many years he served in addition as clinical professor of medicine and as consulting physician to various hospitals.

Doctor Robinson's "school", if we may so express ourselves, or his views concerning medicines and their treatment, is founded upon the teachings of the great French clinicians who made the Paris *Faculté de Médecine* famous during the sixties and seventies of the last century. Trousseau, the great clinician, was his teacher, and so were many others whose names stand high among those of the elect.

All these years, Doctor Robinson has practiced, taught and written. Nor could he ever be induced to follow futile fads or to let his imagination run away with him in the pursuit of will-'o-the-wisps, of fanciful therapeutic procedures.

All this, and more, of necessity is reflected in Doctor Robinson's book. The latter is small, but little over one hundred pages of text. Still, there is not a word in these one hundred pages that we would miss. There is not an opinion that is not well founded, not a teaching that may not be followed confidently. The treatment outlined by Doctor Robinson for the "ordinary diseases" that he discusses is faithfully adapted to their etiology, their symptoms, and their pathology, and is rational in every way. Truly Doctor Robinson has left behind him a monument to his memory for which many physicians will bless him.

LIEBER: "GOD'S CHILDREN"

God's Children. By Emma Lieber. Illustrated by Will Vawter. Kansas City, Mo.: Burton Publishing Co. 1921.

There is nothing astonishing in the fact that children early direct their inquisitive minds to the whence and why of their own little personalities. The surprising thing about it is, that the inquiries of the youngsters, made in perfectly good faith, should be turned off or answered with lies (for instance, the silly stork story), or chided. The result of such fatuous avoidance of their responsibility, on the part of parents and teachers, has been disastrous. Children usually find some answer or another to their questions. If they can not get a reply through legitimate channels, they will get it elsewhere; then it usually contains misinformation and worse.

More recently, many devoted men and

women have set themselves the task to supply answers to the child questions, that should be true to facts and adapted to the capacities of the child mind. Among them, Mrs. Lieber's book will be studied and utilized with sincere appreciation. The principle that guided Mrs. Lieber in the preparation of her book may be found in the sentence (p. 9): "Children should be taught that the physiological factors that enter into the reproducing of their kind are holy and should be so treated."

Mrs. Lieber's book is interestingly written and beautifully gotten up. It should find a wide distribution and should be used as a textbook for the children.

LE MOIGNIC ET SEZARY: VACCINATION ANTITYPHOIDIQUE

Nouvelle Méthode de Vaccination Antityphoïdique (New Method of Antityphoid Vaccination). By E. Le Moignic and A. Sézary. Pages 76. Paris, Librairie J. B. Baillière et Fils.

This little book is one of many small practical monographs issued by the well-known Paris publishers under the collective title: *Les Actualités Médicales*. It is surprising indeed to the Reviewer how rich the material is that is contained in the few pages of good print.

We have here the results of practical physicians, one author, a naval surgeon; the other a clinician of the Paris medical faculty, who have endeavored to solve the problem of performing antityphoid vaccination without the drawbacks incident to the old-fashioned inoculations. This has been accomplished by the preparation of a lipo-vaccine, TAB, which is virtually non-toxic, and effective enough to require but one injection instead of the three with which our troops have been inoculated before their definite concentration. The introduction of this lipo-vaccine is a discovery which must be, partly at least, credited to the World War, since the authors and their collaborators were forced to find the means for rapidly and without risk immunizing the troops destined to fight the Central Powers.

The little book is divided into seven chapters, dealing with the principles of antityphoid vaccination, with the drawbacks of aqueous vaccines, the principles of oily vaccines, the preparation of lipo-vaccin, the technics of vaccination and the resulting reactions. Even a casual reader will become convinced that the authors have omitted no detail, while making a painstaking effort to avoid padding. There is not a superfluous word in the whole work.

We hail with the homage, due to representatives of real science, a work which, in spite of the stress incident to a war on which hinged the fate of the entire French nation, betrays evidence of extreme care, so much so that the temporary and permanent contraindications to antityphoid vaccination have been enumerated and discussed with a positiveness that leaves nothing to the imagination.

The language is not difficult even for those who know but little French and we advise all who are interested in the subject of prevention of typhoid fever to familiarize themselves with the little monograph.

DE VECCHI: "MODERN ITALIAN SURGERY"

Modern Italian Surgery. By Paolo De Vecchi, M.D., with fifteen full-page illustrations. 215 illustrations. 238 pages. New York: Paul B. Hoeber. 19121.

This is a de luxe book, frankly written in the interest of Italian medicine and surgery in the hope of inducing the American medical profession to seek Italy not solely for its well known beauties and art but also as a center of clinical teaching.

After preliminary chapters dealings with the activities of the Italian profession, during the World War, two very brief chapters deal with modern and practical surgery in Italy, the rest and bulk of the book being devoted for describing ten universities and the surgical leaders of these schools with reference to their literary productions.

The chapter on Modern Surgery in Italy is practicularly interesting in that the author, a recognized surgeon residing in New York, after a brief discussion of what constitutes real, scientific surgery, enters into a polemic defense of his native country against a denunciation of Italian apathy and slovenliness in ascpsis by no less a distinguished surgeon than Sir Dickman John Godlee. He refers to the excellent showing made by the military surgical organization of the Italian army during the World War. In the chapter entitled Practical Surgery, the author gives a brief ré-

sumé of original work done by a number of Italian surgeons.

It is difficult, indeed, adequately and judiciously to review a work of this character.

The Reviewer is inclined to the belief that, in these times of economic difficulties connected with the book-making industry and with the price of five dollars demanded for a volume of excellent mechanical make up, it is a question whether it would not have been better to issue a smaller, less expensively gotten-up book. Two things must be taken into consideration, viz.; the American surgeons are keen readers of foreign literature and most of our prominent general and specialistic publications bring abstracts of foreign literature of every civilized country on the globe; secondly, while Italy for some reason or other has failed to attract foreign physicians for postgraduate work, Italian medicine needs no defense, many illustrious names having acquired full recognition and appreciation in American hospitals and clinics. Bassini, Baccelli, Bianchi, Gritti, Baltini, to mention only a few of the modern masters, are known to every senior medical student; to say nothing of the classic anatomists whose names form part of Anatomic nomenclature.

There is a French saying: *Qui s'excuse, s'accuse.* Italian medicine neds no defense.

"PRACTICAL MEDICINE SERIES"

The Practical Medicine Series. Comprising Eight Volumes on the Year's Progress in Medicine and Surgery. Under the General Editorial Charge of Charles L. Mix, A. M., M. D. Chicago: The Year Book Publishers. Series of 1921.

Volume 2. General Surgery. Edited by Albert J. Ochsner, M. D.

Volume 3. The Eye, Ear, Nose and Throat. Edited by Casey A. Wood, M. D.; Albert H. Andrews, M. D., and George E. Shambaugh, M. D.

Volume 4. Pediatries. Edited by Isaac A. Abt, M. D., with the collaboration of Johanna Heumann, M. D. Orthopedic Surgery. Edited by Edwin W. Ryerson, M. D., with the collaboration of Robert O. Ritter, M. D.

"The Practical Medicine Series" enable the general practitioner to keep up with the progress made in the medical sciences. The articles that are abstracted in the individual volumes are selected with great care and the abstracts themselves are complete enough to be of actual use. In the over fifteen years of its existence, "The Practical Medicine Series" has become a remarkably valuable reference library, and those physicians whose time for study is limited cannot do better than invest in this relatively inexpensive work. They will find it possible to get on with fewer journals.

BUXTON: ANESTHETICS

Anesthetics. Their Uses and Administration. By Dudley Wilmot Buxton, M.D., B.S., M.R.C.P. Sixth Edition Pages 548 89. Illustrations and many half tone plates. Philadelphia P. Blakiston's Sons and Co. 1920.

In spite of the fact that this book has reached its sixth edition the reviewer has approached it with an unprejudiced mind and has devoted many hours to its reading before venturing to express an opinion on its merits. Prejudiced only to the extent of realization that anesthetisia is a serious subject, too much neglected by medical men who seldom if ever come into the situation of administering a local or general anesthetic, it must be admitted that Dr. Buxton has presented what may justly be entitled an encyclopedic work.

There is no doubt that the author is not only master of his subject but that he has realized the scientific dignity of all problems pertaining to surgical anesthesia. Nevertheless, or rather because of the scientific dignity of the volume, the reviewer deems it his duty to point out certain minor shortcomings, and this without any misgivings, because he happens to be a general surgeon and not a specialistic aesthetist.

While it is true that the author in the preface announced his inability to cover the subject fully in the frame of the book, yet in a substantial volume as that of the present monograph one wouldexpect at least some mention of the path-finding labors of others and we note the absence of any reference of Hackenbruch's method of local analgesia, nor is there any allusion to Witzel's labors with ether narcosis.

These excepted, one can safely and justly say that the work represents a scientific and yet practical study, giving all the information and instruction that any one

interested in general anesthesia may ever desire to need. Spinal and local analgesia do not form the principal subjects of the book and are, accordingly, treated rather sketchily, but are very satisfactory as far as they go. The medico-legal aspect of anesthesia has been handled in an able manner, and while the book has been written by an Englishman in England, the American reader will find this section very instructive, the law problems being applicable also to our own country.

The book is recommended as valuable.

NATIONAL TUBERCULOSIS ASSOCIATION TRANSACTIONS

Cumulative Author and Title Index of the transactions of the National Tuberculosis Association. 1905 to 1920.

This is a very convenient index of all the contributions and articles that have been read at the annual meetings of the National Tuberculosis Association from 1905 to and inclusive 1920, and have been published in the Transactions of the Association. To the physician who is interested in the study of tuberculosis, this index is invaluable. Indeed, it is difficult to realize the wealth of material that is deposited in the various volumes of the Transactions, and one has to dig into them in order to appreciate the great value of these publications.

This cumulative index is sent free of charge to all members of the National Tuberculosis Association.

RUMMEL: "WOMANHOOD"

Womanhood and Its Development. By Luella Z. Rummel, M. D. Third Edition. Revised. 221 Pages. Illustrated. Kansas City: Burton Publishing Company. 1919.

There is little difference of opinion among intelligent people as to the propriety and necessity of giving every adolescent girl instruction as to her sexual nature, its development and hygiene. The day is past when ignorance was considered a safeguard. Most mothers feel that a good book on the subject placed in their daughters' hands is more effective and satisfactory than personal instruction. To find a suitable book is not always easy. Those which are advertised to the laity are often unsatisfactory. Some are "preachy," and most are written by would-be "reformers," who are usually persons with more zeal than knowledge.

The present work is well adapted to its purpose. Written by a physician, it treats every phase of the subject in language that can be readily understood by any girl of highschool age. It is frank without lacking in delicacy. Every mother can safely put it in her daughter's hands.

AKADEMI

There came to our desk recently the initial issue of the *Akademi*, a monthly journal of art, science and literature which is the organ of the Academy of Aryan Science, and is printed in Madras, at The Arya Kala Press, No. 7, Genguraman St.

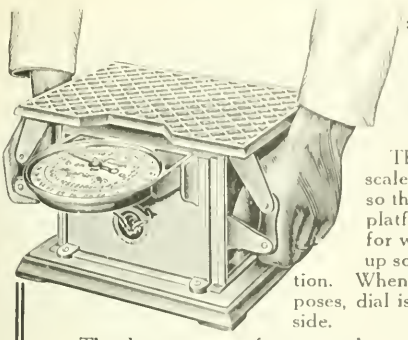
This journal is to contain articles in astronomy, medicine, yoga, religion, technology, handicrafts, stories, etc., and general non-political news. It is printed in Tamil, English and Sanskrit. In an editorial article, Doctor Murti discusses the question whether instruction by mail is practicable and decides in the affirmative, giving some very excellent reasons.

Although it is to be assumed that those American physicians who can read Sanskrit may be counted on the fingers of one hand, there may be a good many who are interested in eastern lore. At any rate, we wish Doctor Murti all sorts of success in his venture.

MOTT: "WAR NEUROSES"

War Neuroses and Shell Shock. By Fredk. W. Mott, M. D., LL. D., F. R. S., F. R. C. P. 348 Pages 96 Illustrations. London: Oxford University Press. 1919.

Of the many books published on this subject, this is one of the best and most complete. Its value can perhaps not be better expressed than it has been in the preface, which was written by the British Minister of Reconstruction, the Rt. Hon. Christopher Addison, M.D., M.P. He says: "Its importance will be obvious to all members of the medical profession; for, the problems with which it deals will, unhappily, remain with us long after the end of the War. But, it seems to me well to emphasize the fact that the book is above all a record of astonishing success in the treatment of disorders which must appear peculiarly painful, mysterious, and untractable.



A Practical Imported Platform Scale with Dynamometer

For the Physician's Office

This is something new in platform scales. Has movable dial, adjustable so that it can be read while standing on platform or from the side. When used for weighing patients the dial is pushed up so patient can see it as in the illustration. When used for packages or other purposes, dial is pushed down and read from the side.

The dynamometer feature as shown in illustration offers a novel method of testing the grip and will instantly appeal to patients. A chart mounted on cardboard can be hung near the scale and patients with extra strong grip can have their best figure recorded if desired for a competitive test of strength.

2CM676A. Platform Scale with Dynamometer.....$13.00
2CM676. Platform Scale without Dynamometer 11.00

FRANK S. BETZ CO., Hammond, Indiana

NEW YORK, 6-8 W. 48th St. CHICAGO, 30 E. Randolph St.

PROGRESSIVE PHYSICIANS ARE COMING TO REVISE THEIR IDEAS AS TO THE MOST EFFICIENT TREATMENT OF THAT LOCAL INFLAMMATION WHICH IS RESPONSIBLE FOR ULCERATION, EROSION, SINUS, FISTULA, CHRONIC MUCOUS MEMBRANE, CATARRH, ETC. DEMONSTRATION OF THE REMARKABLE ACTION AND EFFECTS OBTAINABLE BY THE USE OF DIONOL, PLAIN OR IODIZED DIONOL, CONSISTENTLY GOOD AVERAGE RESULTS, NOT INFREQUENTLY STRIKINGLY EXCEPTIONAL RESPONSE TO SUCH MEDICATION, ACCOUNTS FOR THIS NOTEWORTHY FACT.

THAT, IN SPITE OF THE PREVAILING INDUSTRIAL STAGNATION, THE DIONOL COMPANY HAS STEADILY AND STRIKINGLY INCREASED ITS BUSINESS AMONG AMERICAN PHYSICIANS. IN ORDER TO CONVINCE ANY PHYSICIANS NOT YET ACQUAINTED WITH THESE PRODUCTS, THE DIONOL COMPANY, DETROIT, MICHIGAN, OFFERS SAMPLES AND LITERATURE. ADDRESS DEPARTMENT 20.

News Notes Department

Now a days a doctor's office to be really well equipped, must have a means of weighing patients.

The best index of a properly balanced diet for infants is a weight chart. Probably the best incentive to recovery in your convalescents is their encouragement in watching the gradual weight increase. This is especially true in your tuberculosis, pneumonia and typhoid fever cases and all post operatives.

The Frank S. Betz Co., Hammond, Indiana, have something entirely new in platform scales. It comes with or without a Dynamometer as explained and illustrated in their advertisement in this issue.

It is the part of wisdom to buy only the best and this one is offered at a very attractive price. Look into it now.

Auto Hemic Therapy guarantees results. This is worth looking into, when a doctor's future depends on his ability to render service. We suggest you write at once for details of a complimentary course of instruction to Dr. Chas. B. Graf, 320 W. 87th St., New York City. His Manual De Luxe is offered at $5.50 prepaid. This is really a postgraduate course in Auto-Hemic Therapy open to physicians only, and the price is unusually low, compared with others of no better value. Investigation in this way costs nothing, but may lead to unusual success in your 1922 work. You can really begin on an outlay of $5.50. The purchase of the instruments is optional so that you have everything to gain by accepting Dr. Graf's generous offer.

The H. K. Mulford Co., Philadelphia, have one of the most attractive offers we have seen. It is a beautiful vest pocket size Hypo-Unit Pocket Case and sells, filled complete, at $5.00. It will last a life time, as it is made of white metal, holding 12 units available for instant emergency use. The Hypo-Unit itself is really a complete syringe with sterile needle and contents.

Where time is a factor, you will appreciate the advantage of this package as put out by so reliable and well-known a house. Refills may be purchased in quantity, suited to your requirements, so that, whether you prescribe or dispense, you are equipped with a good selection of potent remedies in available form.

The case, itself, will make a favorable impression for you, and the results will tend to establish you well with your people. The man

TESTOGAN — **For Men**

THELYGAN — **For Women**

Formula of Dr. Iwan Bloch

After seven years' clinical experience these products stand as proven specifics.

INDICATED IN SEXUAL IMPOTENCE AND INSUFFICIENCY OF THE SEXUAL HORMONES

They contain SEXUAL HORMONES, i. e., the hormones of the reproductive glands and of the glands of internal secretion.

Special Indications for Testogan:
Sexual infantilism and eunuchoidism in the male. Impotence and sexual weakness. Climacterium virile. Neurasthenia, hypochondria.

Special Indications for Thelygan:
Infantile sterility. Underdeveloped mammae, etc. Frigidity. Sexual disturbances in obesity and other metabolic disorders. Climacteric symptoms, amenorrhea, neurasthenia, hypochondria, dysmenorrhea.

Furnished in TABLETS for internal use, and in AMPOULES, for intragluteal injection.

Prices: Tablets, 40 in a box, $2.00; ampoules, 20 in a box, $3.00.

EXTENSIVE LITERATURE ON REQUEST.

CAVENDISH CHEMICAL CORPORATION

Sole Agents

295 Pearl Street — *Established 1905* — New York

Pepsodent's Five Effects

It stimulates the salivary flow and reduces its viscosity.

It increases the ptyalin in the saliva—the digestant of starch deposits on teeth.

It increases the alkalinity of the saliva—Nature's acid neutralizer.

It combats mucin plaque in efficient ways.

It leaves teeth highly polished, so plaque less easily adheres.

Nature's Tooth Protectors

Twice Daily Increased in the Mouth

Being mildly acid—free from soap—Pepsodent creates the opposite effects of ordinary tooth pastes.

Alkali depresses the salivary flow. Acid stimulates it, like the acid ingredients in fruits.

Thus Pepsodent, with every use, brings increased salivary flow.

It increases the ptyalin—the starch digestant—in saliva, to better combat starch deposits on teeth.

It increases the alkalis in saliva to better neutralize mouth acids.

These are effects which modern authority desires. They would also come from natural diet, rich in fruit—of an acid character. Pepsodent brings them regularly, regardless of the diet.

It also combats the mucin plaque in two effective ways.

The use of Pepsodent, under dental advice, is fast spreading the world over. It complies with modern requirements.

Our Dental Department desires to bring physicians a better acquaintance with it. This coupon will bring you a full-sized tube with full information. A letter will bring answers to any questions you desire to ask.

PAT. OFF.
Pepsodent
REG. U.S.

The Modern Dentifrice

An acid tooth paste whose every use brings five effects which modern authority desires.

THE PEPSODENT COMPANY, 789
1002 Ludington Bldg., Chicago, Ill.

Please send me, free of charge, one regular 50c size tube of Pepsodent, with literature and formula.

Name .....

Address .....

Enclose card or letterhead

young in practice will appreciate just what this advantage means to him, as he is, almost of necessity, compelled to rely on emergency work to establish himself. We urge you to buy on this special offer.

Come to think of it, they did instruct us at college as to the proper height to hold a fountain syringe. They said something or other about hydrostatic pressure and the danger of injury to the mucous membranes. It would seem far more important, however, to give attention to the nasal mucous membrane. H. B. Nichols, 145 E. 35th St., New York, has a Nasal Syphon with suction as its principle of action. This absolutely insures the proper pressure to get all the good of douching and do no harm.

Eczol for Eczema. There is more to it than this; but this statement is enough to memorize. It will facilitate your work to learn to depend on Eczol for results. Samples and literature may be had so you will know all about the remedy using it with every confidence. Write today to the Carroll Dunham Smith Pharmacal Co., 32 E. 34th St., New York City. Better enter in your therapeutic index "Eczol for Eczema."

Chronic pus cases worry the life out of the best of us at times. Vital resistance is below par and recuperation simply will not follow even our best selected therapeutics. In these cases, such as chronic sinus infection, chronic bronchitis, and stubborn chronic tonsillitis, we have the finest chance to demonstrate bacterin therapy. The indications are very clear for Mixed Vaccine (Ear, Nose and Throat) as made by the National Vaccine and Antitoxin Institute, Washington, D. C.—the oldest in America.

It would be well to secure a package at once to meet your next case. Send also for their complete list, including Diphtheria Antitoxin.

A doctor makes an envitable reputation who studies and properly handles "the chronics."

The Marvell Pharmacal Co., 39 Union Square, New York, offer to the medical profession two unusually good products in this issue of the journal. For arteriosclerosis, their solution of Titanium Superoxide is one logical treatment and well supported by clinical work. It actually eliminates the offending calcium salts.

Polyglandular Solution will appeal to you at once when you consider that, in normal physiology, all the glands are active all the time. It is the combination of their active principles which keeps the normal body functionating normally. "Back to Normalcy" nowhere means as much as in those cases of collapse, exhaustion, melancholia and the neurotics which demand the best in you therapeutically. Write to these people for their wonderfully interesting literature.

A practical therapeutic hint. The acute, severe and frequent pains, for which you have many an emergency call, are spasmodic in character—never inflammatory. The exciting cause has not lasted long enough for the fac-

ACTIVE CATHARTICS OR PURGATIVES THAT PRODUCE A WATERY STOOL DO NOT GIVE GOOD RESULTS IN

Habitual Constipation

as the digestive secretions are carried off and a period of constipation follows until the secretions again accumulate and the natural process of digestion and assimilation is resumed.

A mild tonic laxative gives the best result and you can obtain this with **Cascara Comp. Tablets (Killgore's),** as they stimulate the secretions, give an easy natural movement without griping and do not become ineffective by continued use.
Dose: One or two tablets at night.

Liberal Sample and Formula Sent to Physicians on Request

CHARLES KILLGORE

Manufacturing Chemist Established 1874

82 FULTON STREET NEW YORK

Why this Grape-Nuts Advertisement is Published in a Medical Journal and Addressed to the Doctors of America

Doctors are men with little spare time—and no time at all to waste on unimportant things.

Yet every manufacturer of foods realizes the inestimable value of the physician's endorsement of his product And every physician realizes the tremendous importance of properly selected food.

With these mutual interests in mind, we desire to present a few facts on Grape-Nuts to the doctors of America.

Grape-Nuts is a highly nourishing cereal food, made from a mixture of malted barley, whole wheat flour, salt and water. The mixture is raised by yeast, baked in loaves, then sliced, further baked and then crushed into granules.

Probably no food in the world is so thoroughly baked as Grape-Nuts. More than 20 hours is consumed in the various baking processes.

As every doctor knows, this brings about a marked degree of conversion of the carbo-hydrate elements, resulting in the development of dextrin, maltose and dextrose—readily utilized by the animal economy to yield heat and energy.

The well balanced and high food value of Grape-Nuts is shown by the fact that Grape-Nuts contains 95.25% of solids, including 11.88% of protein; 78.76% of carbo-hydrates (of which 48.24% is soluble, as dextrin, reducing sugars, etc.) and 2.27% of mineral salts.

These salts include

Potassium chloride	4.55%	Calcium phosphates	5.42%
Sodium chloride	34.33%	Magnesium phosphates	24.20%
Calcium sulphate	1.96%	Iron phosphate	0.62%
Potassium phosphates	22.87%	Silica	2.02%

You can now see why Grape-Nuts is about the best food you could recommend for building bone, tooth and nerve structure. And why, when combined with cream or milk, it is admittedly a complete food.

Start a few of your malnutrition cases on Grape-Nuts, Doctor—a liberal dish for breakfast and, occasionally, a Grape-Nuts pudding for lunch or dinner—and note the difference in their condition inside of a month.

Samples of Grape-Nuts for individual and clinical test, will be sent on request to any physician who has not received them.

Postum Cereal Company, Inc.
Battle Creek, Michigan, U. S. A.

tors of inflammation to develop. Therefore, antiphlogistics are not indicated, and certainly not morphine.

The pure benzyl benzoate, as in the Sharp & Dohme Benzylets, gives you a pure antispasmodic as an ideal therapeutic agent in the colics—renal, hepatic, uterine and intestinal. The anodyne value of Benzylets is well seen clinically in asthmatic attacks, and in the many cases of neuritis, which resist the therapeutics of an earlier day. For results prescribe Benzylets. (S. & D.)

You know tissue paper now-a-days in such forms as wrapping paper and pads, towels and as absorbent paper in the biologic laboratory, beside its use for toilet purposes, ornaments and shelf covering. Each of these requires much study to meet its special needs in an ideal way. Many factors must be taken into consideration, such as weight, color, reaction, tensile strength and absorbing power.

Sani-Tissue, as advertised in this number of CLINICAL MEDICINE, warrants your definite recommendation to your patients when care in such matters has much to do with their comfort if not their quicker recovery. A little thing! but, it will pay you to emphasize Sani-Tissue in your homes and hospitals.

As a physician, how often are you interviewed by young women wanting to learn nursing? Knowing what you do, even while recognizing the value of the trained hospital nurse, still you hesitate to open the way by which she will spend any unnecessary time in study. Many a girl would be glad to know about the Illinois Post Graduate and Training School for Nurses. As you learn about them, just get them to write for descriptive circulars about their two-year course to 548 Garfield Ave., Chicago.

Doctors who have employed graduates of this school have stated their approval of the system of instruction. Besides regular class work in three terms of eight months each, each nurse gets hospital and bedside training right in the homes. This feature is especially valuable to the graduate who is thus well equipped to render the best possible service to both patient and physician.

There is an attractive remuneration paid the student which, frequently, is enough in a course to defray the expenses of her training.

If you know of any young women to whom a good two-year course would appeal, ask them to write in as suggested and you will do them a good turn.

The test of time is a valuable index of many things. In nothing is this seen so practically as in those agents on which the doctor depends for results. On this basis *Platt's Chlorides* is almost a necessity where an odorless disinfectant is required. There is no need to make the homes of your patients smell like a hospital when this valuable product will do all that is required without an offense to any one.

Platt's Chlorides have been sold on doctor's orders for years back. If it is new to you write

The Management of an Infant's Diet

Mellin's Food

was introduced to the medical profession in 1866.

It was the first

Maltose and Dextrins

product presented to physicians in serviceable form.

This means over fifty years' experience in the selection of materials that enter into the manufacture of Mellin's Food.

This means over fifty years' experience in the manipulation of these materials to secure certain definite results.

This means over fifty years' experience in the perfection of every detail that would have a bearing upon the making of

A Superior Product

which we claim Mellin's Food to be.

Mellin's Food Company, Boston, Mass.

KELLOGG'S BRAN

cooked and krumbled

permanently relieves many stubborn cases of Constipation

Kellogg's Bran, cooked and krumbled, is coming into very general use as a natural means of relieving constipation. While the laxative properties of Bran have long been recognized by physicians, there has been very little information regarding it in the books ordinarily in the hands of medical practitioners. The evident reason for this is that Bran is not a drug.

As of course you know, Kellogg's Bran, cooked and krumbled, adds to the indigestible residue in the bowel tract. Its bulk serves to distend the intestine, thereby inducing better peristaltic action.

Try This Delicious Bran Recipe!

2½ cups Kellogg's Bran
2 cups hot water
½ cup raisins

Boil for 10 minutes. Place in buttered bread tin. Let stand over night. Slice and serve same as Boston Brown Bread.

Kellogg's Bran, cooked and krumbled, unlike common Brans, is deliciously palatable, inviting, appetizing. You will thoroughly enjoy it yourself. It will benefit you greatly.

Please mail us a request card today. We will send you—without the slightest obligation—a large package of Kellogg's Bran, cooked and krumbled. Eat it as a cereal or on your cereal or have it used in muffins, raisin bread or countless other ways that appeal to your taste!

Results from eating Kellogg's Bran regularly will be so gratifying that we feel sure you will prescribe it with great confidence.

Kellogg's *Look for this signature W. K. Kellogg*

the original BRAN - *cooked and krumbled*

for a sample to Henry B. Platt Co., 48 Cliff St., New York City. For the sick room and as a protection in times of epidemics and contagious disease you will appreciate the convenience of this as it comes all ready for use.

Electrotherapeutic methods of treatment are here to stay. More than that, they promise to increase in value and usage as increasing numbers of the profession use and study the theories which have been so successful when applied in indicated cases.

This is the secret of success. Real, definite study will determine just where you can promise results to your patients. Nothing so establishes a doctor as the practical demonstration that he can predetermine the curative effects of his selected method of treatment.

After determining on the use of electrotherapy, it is most essential to purchase only the *best* instruments. We suggest you write at once to the McIntosh Battery & Optical Company, 223-233 No. California Ave., Chicago, for advice along this line. Be sure to request their booklets.

An office sterilizer adapted to bedside use is of tremendous value where a portable instrument is needed. The American Sterilizer Co. 200 Fifth Ave. New York City have just such an instrument in 2 sizes at a most attractive figure $37.50 and $45.00.

The beauty of the "American Jr." is in the fact that it can't boil dry. It is automatic, safe and easy to run. Be sure to write for a circular, although you run no risk in making an immediate purchase.

There is a wealth of assurance and confidence in really knowing your instruments are sterile. By using the "American Jr." in both, office and home work, you control this important element of success which means so much to your reputation and your patients' welfare.

Peptenzyme has long been well and favorably known to the profession. In its new form as Peptenzyme Effervescent Granules it promises to be of even more benefit to doctor and patient alike. You get the tonic value of the enzymes plus the advantage of the effervescence. In cases of gastralgia, flatulence and atonic indigestion you will have an unusually quick response.

The most fastidious patient will take this without any trouble as it is highly palatable without the suggestion of medicine, although it carries the full value of the original formula.

Write the Reed & Carnrick Company, of Jersey City, N. J. They will be glad to explain the product more fully.

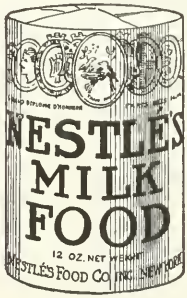
In these changing times it seems the doctor may make the diagnosis (sometimes) and he may suggest the treatment (sometimes); but, how often Mrs. Jones comes in demanding the serum treatment. "Like Mrs. Brown had," or requests an X-Ray examination or an intravenous medication; whether indicated or not.

For self-preservation, the doctor must investigate the matter. For self-protection, he must

When A Baby Must Be Weaned

there is no food that can be used to replace its mother's milk, with greater convenience and benefit, or less trouble and danger, than

Nestlé's Milk Food



Made from pure cows' milk, malt, cane sugar and wheaten biscuit, Nestlé's Milk Food enables the painstaking physician to provide the infants under his care with a digestible and nourishing food that assures every advantage of properly modified milk, with gratifying avoidance of inconvenience or danger.

There is a constantly increasing number of physicians, therefore, who are finding in Nestlé's Milk Food, not only modified milk at its best, but a food that means "in weaning the baby," a new era of improved health and progressive bodily growth.

NESTLÉ'S FOOD COMPANY

112 Market Street, San Francisco — Nestlé Building, New York

Welch's Grapelade

a pure grape spread

LIKE Welch's Grape Juice, Grapelade has all the richness and purity of choicest grapes. For this reason it is recommended by physicians and dietitians—and welcomed by patients.

Grapelade is "fruit-food"—"Honey of grapes"—smooth, purple, tart-sweet and pure. No seeds, no skins, and the acid crystals are removed by our patented process. Only pure sugar is added to the goodness of the fruit.

As a spread on toast, the delicate fresh grape flavor of Grapelade is tempting to invalids—and its richness is wholesome and nourishing.

The Welch Grape Juice Company, Westfield, N.Y.

purchase only that machine which will give him the most assurance of satisfaction and *results*. If at all possible call on the H. G. Fischer Co., 2337 Wabansia Ave., Chicago, or at least write them now for circulars and particulars. It will mean dollars in your pocket to forestall competition on this—two weeks from now may be too late. Now means *now*.

The Fischer Company offers you the results of their years of experience. They will be generous in suggestion and help so that you get an instrument so adapted to *your* needs that your success is assured.

Nothing so promotes a doctor's welfare or increases his income as much as the friendly boost by some satisfied patient. Nothing so guarantees this as new office equipment such as an X-Ray outfit indicating improvements, advance, progressiveness and ability. Write the H. G. Fischer Co., Chicago, on this.

Varicose veins need mechanical support and, for the patient on his or her feet day after day, this must be selected with care. The pressure must be uniform and constant. It must not bind too much in one place or the condition will get worse. This means, one must choose an elastic bandage actually "built" along lines of well studied, mechanical principles, and in these times the price must be right.

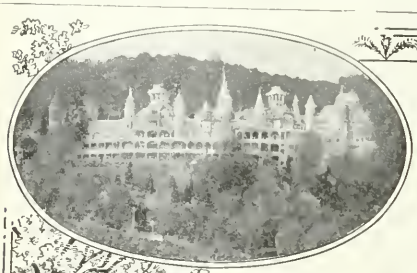
Read the advertisement of the Empire Manufacturing Co., Lockport, New York. These people have just such an article in their "Empire Elastic Bandage." You should have at least one bandage in the office at all times. Send for yours today. You never know just when you will need it and it makes a most favorable impression on the mind of the patient if you can properly apply a proper bandage on his first call and teach him how. It sort o' gives him the feeling that you are expecting him and with the immediate relief he is sure to speak well of you. Get your clientele talking favorably about you and success is yours. And if it takes a bandage to do it—let's get it today.

The narcotic addict will try your patience time and again with honestly made and well meant broken promises. At the same time he will plead and beg for the cure he feels you can give him.

One of the biggest "compensations" in the practice of medicine aside from financial considerations is the joy of making a man out of an addict. To restore such patients to society by a cure that will really last needs that oversight, kindly control, study, direction and therapeutic measures which only a sanitarium can give.

The Anti-Narcotin Sanitarium, 4365 Lindell Boulevard, St. Louis, has an experience of twenty-four years in just this kind of work.

There is at least one liquid combination of creosote which retains all the therapeutic value of this drug with few of the objectionable features. For your cases of tuberculosis, acute and chronic, and in convalescents from any disease, we suggest you try Tilden's Firolyptol. This is made by The Tilden Co., New Lebanon, N. Y.,



Walters Park Inn

Wernersville Pennsylvania

A tuberculosis sanitarium that assures all the advantages and benefits that medical science or climate can provide.

THE ideal location, delightful climate, exceptional equipment and painstaking care which are characteristic of Walters Park Inn readily account for the gratifying improvement patients rarely fail to show from the first.

H. F. WOLF, M. D., *Medical Director.*

For full information, terms, etc., address

Rates Not Excessive EDWARD W. MARTIN, WERNERSVILLE, PA. *Altitude 1000 feet*

Presbyterian Hospital
New York

Intestinal Stasis and Lubrication

"Liquid petrolatum in a large number of cases gives most excellent results, and so far as we know, may be used indefinitely and in large amounts. Its results are particularly gratifying in the dry or rectal types of stasis."

Harold Barclay, M. D., Attending Physician, Knickerbocker Hospital, New York, and C. A. McWilliams, M. D., Presbyterian Hospital, New York.

NUJOL, the quality liquid petrolatum, is highly effective in the majority of cases of intestinal stasis. It thoroughly permeates and lubricates the faeces, assisting normal peristalsis.

Nujol is scientifically adapted by both viscosity and specific gravity to the physiology of the human intestines. In determining a viscosity best adapted to general requirements, the makers of Nujol tried consistencies ranging from a water-like fluid to a jelly. The viscosity of Nujol was fixed upon after exhaustive clinical test and research and is in accord with the highest medical opinion.

Sample and authoritative literature dealing with the general and special uses of Nujol will be sent gratis. See coupon below.

Nujol

REG. U.S. PAT. OFF.

A Lubricant, not a Laxative

Nujol Laboratories, Standard Oil Co. (New Jersey),
Room 768 44 Beaver Street, New York.

Please send booklets marked:

☐ "In General Practice" ☐ "In Women and Children"
☐ "A Surgical Assistant" ☐ Also sample.

Name .....

Address .....

and advertised in this issue. Send for samples and literature to The Tilden Co.

You will have more cases indicating "Firolyptol" the next few months than you will from June on. To really appreciate creosote in an acceptable form, put them on "Firolyptol." Get a supply yourself and have the druggist stock it for your prescriptions.

The difficulties of diagnosis are probably no more frequently seen than in the department of medicine, "Diseases of Women." So numerous are the factors that make up the pathology and so indefinite are the symptoms, that an accurate diagnosis is rare; and real, scientific therapeutics almost impossible

Probably in no field of medicine is the ethical, conscientious doctor so justified in empiricism. This probably explains, at least in part, the continued popularity of Ergoapiol (Smith). A little study of the published formula and the fact of the extreme care exercised in selecting and compounding these ingredients will convince one of assured results. It is successfully used in certain cases of amenorrhea, dysmenorrhea, and those indeterminate conditions which preclude diagnosis. Make careful notes for your own information on some several cases on Ergoapiol and note the quick therapeutic response.

Two Reliable Remedies. Eimer and Amend, well known chemists of New York, in their advertisement in this issue, call your attention to "Iodotone" and "Phosphorcin." Now Iodotone is ideal as a form of iodine for internal administration. It is being used successfully by many doctors in Asthma, Bronchitis in its several forms, Eczema, Syphilis and Arterio Sclerosis.

Phosphorcin is an elementary form of phosphorus, and as it does not contain either alcohol or sugar, it is well adapted for use in the chronics. It is indicated in Neurasthenia, Anemia, Chlorosis, Sexual Impotence and Diabetes. Samples and literature of both of these products may be had, by physicians only, on request from Eimer and Amend, Third Ave. 18th St., New York. We suggest you secure them at once.

Calcidin is still Calcidin and the basis of its therapeutic dependability is the 15 percent available iodine. Thirty years of clinical experience have demonstrated calcidin as the form of choice in the administration of iodine as a glandular tonic and stimulant.

If "imitation is the highest flattery," then Calcidin scores 100 percent. It is important to use Calcidin Abbott. While only a relatively short time since The Abbott Laboratories brought out their Troches of Anesthesin-Calcidin, the combination has proven unusually helpful in coughs. Try it in those cases of persistent, irritant and non-productive coughs, which have resisted older remedies. Very palatable, it has the unique property of giving an anesthetic action to the terminal nerve endings of the mouth and throat within half a minute, while retaining all the valu-

---

X-Ray Bargains
Rebuilt X-Ray Transformers

WOULD you be interested in a great big bargain in X-ray transformers? We have several such bargains which we may assure you will give you good service for many years to come.

A number of splendid, nearly-new transformers have come to us in part payment for our latest machines equipped with our patented safety device, and with perhaps a greater range in treatment.

These outfits are extremely serviceable. They will do the finest kind of radiographic work, are ideal for fluoroscopy, and in many cases are adapted for excellent results in X-ray therapy.

Don't forget that these machines are big, powerful outfits, capable of the finest kind of work.

Here's Your Opportunity The coupon below will bring you, post haste, full description of several fine bargains that we have to offer. It would be better to telegraph—but at any rate get in touch with us today—and let us show you how we may save money for you.

Just tear off the coupon below—today!

BARGAIN COUPON

Standard X-Ray Co.
1932 No. Burling St., Chicago, Ill.

Please send me a special proposition on a Rebuilt X-Ray Transformer.

I have.....current.

.....

.....

In Cases of

Delayed Convalescence

or

Malnutrition

DURING convalescence from disease or surgical operation and in cases of malnutrition, the systemic vitality is at a low ebb and rapid recovery depends to a large extent upon the quality and character of the nutrition.

In the majority of cases, the body is reduced in weight, the appetite is poor and the circulating blood shows a low hemoglobin and red cell content.

In many such cases reported to us, regular daily feeding with YEAST VITAMINE HARRIS TABLETS has shown a remarkably stimulating effect upon the appetite, causing a greater daily intake of common food by natural desire. This was followed by a steady gain in weight, together with an improvement in the content of the circulating blood and a very noticeable gain in the general metabolic activity.

NOTICE

A number of alleged Vitamine preparations containing drugs and chemicals, with no guarantee of composition and exact content are on the market. *Read the label!* Yeast Vitamine-Harris contains no drug and is intended only for use on phyicians' prescriptions.

THE HARRIS LABORATORIES

TUCKAHOE, N. Y.

able properties of Calcidin. Anesthesin is a harmless, tasteless local anesthetic adapted in troche form to irritation of the throat and upper air passages.

Anesthesin-Calcidin Troches are unusually helpful as a routine postoperative measure in tonsillectomies. It means much to the comfort of your patient and is used in quantity by nose and throat men for this purpose.

"Council-Passed" means something. This is especially so in offering the profession a form of creosote without the disagreeable features of the drug itself. Many attempts had been made, but it remained for Calcreose to really meet all the indications clinically and pharmaceutically.

Calcreose in tablet form, as made by the Maltbie Chemical Co., of Newark, N. J., can be had on prescription from most druggists, or on ordering direct. It means practically equal parts of creosote and lime, and your assurance that, pushed to effect, you will not cause gastric disturbance. The antiseptic and resolvent action of Calcreose suggests its value in bronchitis and tuberculosis (pulmonary) acute and chronic, also, as an intestinal antiseptic. Just at this season it will appeal to you in the pneumonias and in convalescence.

The retention of suboxidation products is at the basis of many acute conditions, and most of the chronics. Back of this is a faulty liver, and frequently an intestine which does not function. There is no question as to the necessity for, and desirability of such hydropathic treatments as these patients can get at French Lick. Here we have all the best in hydrotherapy, combined with the conveniences and pleasures of the best of hotel life in an ideal location.

Your patients are at all times within call of Dr. Dunning S. Wilson, who has charge of the Medical Department. For your own information, send for a descriptive, illustrated circular to French Lick Springs Hotel Co., French Lick, Indiana.

Of course, you know that Pluto Water is bottled at the French Lick Springs. As a uric acid solvent and eliminant we suggest you employ this agent more frequently to get the best results.

An experience of fifty years means something or ought to. It actually does in the case of the Heyden Company, whose advertisement you will find in our pages this month. After fifty years as manufacturing chemists, the house needs no introduction. For this reason we refer to their products—especially some of the newer ones with which you may not be familiar.

Take Calomelol Ointment. You will welcome a good substitute for blue ointment. Your diagnosis says very definitely, mercury in some form; and, as there is no substitute for mercury, you will have to substitute the latest new form of it. Calomelol Ointment is just that and far and away ahead of the old messy blue ointment. It is almost colorless, for one thing, and has the equivalent

THE REAL SIGNIFICANCE AND THE BEST TREATMENT OF *High Blood Pressure*

should be studied and understood by every doctor

Hypertension is always a danger signal

Pulvoids Natrium Compound

(High Tension, Dr. M. C. THRUSH)

is a scientific and clinically tested combination of safe, non-toxic, non-irritating agents, whose action is prompt to appear, reliable and prolonged in effect.

Composition

Potassium nitrate, sodium nitrite, sodium bicarbonate, nitroglycerine and crataegus oxyacantha (tonic for heart muscle and to prevent shock). Special (green colored) sugar coating, to dissolve in intestinal tract, and avoid gastric disturbance.

Booklet on High Blood Pressure: How to take, interpret and treat it sent free on request.

If you dispense ask for price list.

Special Offer to Physicians and Hospitals Only

200 Pulvoids for $1.00. One time only.
1,000 Pulvoids for $5.00. On 60 days' trial; money back if not satisfied.

Either mailed free when cash accompanies order or if sent C. O. D. mailing and collection charges added.

THE DRUG PRODUCTS CO., Inc., 153 Meadow St., Long Island City, New York

Fair Questions

Is there a better or safer antiseptic, or germicide, for all-'round surgical, medical or hygienic use than

peroxide of hydrogen?

Is there a purer, more stable or better peroxide of hydrogen than

Dioxogen?

Is there any antiseptic more widely or generally employed in clinics, hospitals, offices, factories, schools and homes by physicians themselves, or on their recommendation, than

Dioxogen?

Need more be said?

THE OAKLAND CHEMICAL CO.

59 Fourth Ave. New York City

In purity and oxygen-liberating power, Dioxogen exceeds U. S. Phar. standards for H_2O_2 by 25%.

Dioxogen is odorless, almost tasteless, and entirely free from acids and acetanilid. It is also colorless and does not stain the skin.

Absolutely non-poisonous and non-irritating, Dioxogen is not only the most potent, but the safest and most harmless of antiseptics.

Applied to wounds, Dioxogen promptly destroys bacteria and stimulates the reparative processes of the tissues.

Dioxogen is the one powerful germicide at the physician's command that can be freely used anywhere and anytime without the slightest danger.

of 30 percent of metallic mercury beside. No wonder it is so effective for inunction. Try Calomelol.

It would be well to send for a copy of their descriptive literature. This contains facts of interest on some silver salts and other therapeutic agents that you will be glad to know about.

Surely, a history of fifty years in chemistry means something definitely attractive to you as a physician. Make use of these suggestions and you will benefit thereby.

The Hypodermic Pharmaceutical Institute of Brooklyn, among other things, is doing one thing well and that is the making of good, dependable ampules for intravenous and subcutaneous medication. In other words, they specialize in the chemical, pharmaceutical and pharmacodynamic problems presenting by this class of therapeutic agent.

Whether you specialize or not, it looks like you will have to come to this means of giving medication—at least in some cases. You will then want a guaranteed product, a dependable ampule properly packaged in every way. It will pay you to get and file the complete catalogue put out by these people. Give them your questions if you are a beginner and your orders as you will have need.

You have long promised yourself that some day you will break away from the grind of general work and specialize. But even in this you really generalize. Begin now to be definite and look into intravenous work as your specialty. It pays. First get that catalogue.

START the New Year RIGHT

Get the latest Surgical devices and be sure that the quality is the best. All Huston Goods are sold on "money back" guarantee.

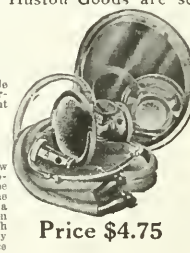
Huston's New Akouophone

(January patent)

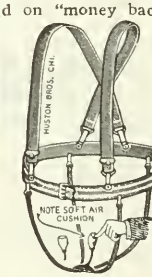
is an absolutely dependable stethoscope that will differentiate sound waves without any disturbing reverberation.

Insures Accuracy of Diagnosis

A splendid Christmas or New Year's gift for yourself or professional friend. You will be delighted with its handsome appearance. It is carried in a chamois pouch, and when metal covers that protect each end are removed, a pearly white, smooth Xylonite surface is exposed.



Price $4.75



Huston-Baird Air Cushion Pessary

is the only supporting device suspended from the shoulders and applied to the uterus that will positively correct Cystocele, Rectocele, Procidentia and other Mal-Positions of the Uterus. It can easily be adjusted by the patient herself. It positively will not cause irritation, soreness or inflammaton.

Price, complete $5
Price, without shoulder straps $3

Equisetene Is Better

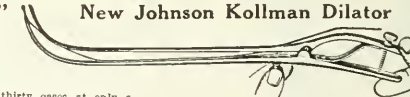
Than other suture materials because: (1) Never snarls; (2) No infection; (3) Many times tensile strength of horse-hair; (4) Not so stiff as silk-worm gut; (5) Not so pliable as silk; (6) Uniformly smooth; (7) Can be boiled many times; (8) Very economical. Send $1.20 for two large packages, or $5.00 for 250 ft.

"Neversslip"

"Neversslip"

Full supply for thirty cases at only a nickel each. Send us $1.50 and we will ship prepaid. "Neversslip" is your best aid in obstetrical technique. The only round cord that will not slip, will not cut and will always hold.

New Johnson Kollman Dilator



The new Johnson Kollman Dilator is a very simple and satisfactory urethral dilator and catheter combined. It will do the work of the $50.00 Kollman instrument and costs you only $12.50. **Write for positive proof of cures in many very bad cases of stricture.**

New Obstetrical Shoe Horn

In cases where the foetal head presses against the symphysis pubes instead of merging directly toward the birth canal, this instrument will be found worth its weight in gold. Price, $5.00.

INCREASE YOUR INCOME

The New Comfort-U Supporter (Washable)

Unsurpassed in all cases of enteroptosis, gasteroptosis, floating kidney and post-operative conditions. Relieves dragging on the solar plexus and frequently restores to vigorous health; helpful in many cases of confinement. Price to the physician for regular size only $4.50 (net). Washable, Durable and Economical.

HUSTON BROTHERS COMPANY

SURGICAL SUPPLIES OF ALL KINDS
30 East Randolph St., CHICAGO

We sell full lines electro-therapeutic appliances on deferred payments.

From Bauer & Black

Two New Requisites for the Nursery
B & B Baby Talc B & B Baby Soap

© B & B 1922

The Coupon is For Your Convenience

By mailing it you will be conferring upon us much appreciated consideration. Full size cartons of both products will be sent postpaid, without charge.

BAUER & BLACK
Chicago, Ill., or Toronto, Canada

Gentlemen: Please send me a carton each of B & B Baby Talc and B & B Baby Soap — these without charge or obligation on my part.

Name.....

Address.....

City and State.....

This is to invite you to make a personal test of two new Bauer & Black products—B & B Baby Talc and B & B Baby Soap.

Simply write us or mail the coupon below and a full size carton of each will be sent without charge.

In entering this wider field of service, and extending the Standard of B & B scientific exactness into the nursery, we have endeavored to embody in these products such qualities as are held ideal, for the purpose, by eminent authorities.

B & B Baby Talc Protects by Repelling Moisture

B & B Baby Talc goes to the fundamentals of the skin prophylaxis—it combats the moisture of perspiration, urine and stools. All physicians know how these agents work to produce erythemas, excoriations and even infectious lesions

By incorporating into B & B Baby Talc a proper proportion of zinc sterate, along with other essentials, a powder is produced which neither abstracts the natural oils nor dries the skin.

Instead, it acts as a lubricant. It repels moisture such as olive oil does. Hence, the effects of keeping the skin coated with this protective coating are to prevent softening, or maceration, of the epidermis and friction or chafing from clothing—two prime requisites in keeping the skin smooth and intact.

B & B Baby Soap
"Tempered to the Infant's Skin"

A mother's zeal in keeping her baby sweet and clean, as every doctor knows, frequently finds expression in an unfortunate choice of soap. Usually she errs on the side of Castile—name under which countless soaps strong in caustics now masquerade.

B & B Soap is made of edible fat. It contains a slight percentage of zinc oxide, hence is mildly healing. Bland and soothing, it affords a *safe* soap for infant use. Obtainable by mothers at all druggists.

BAUER & BLACK
Chicago New York Toronto
Makers of Sterile Surgical Dressings and Allied Products

A. J. C. M122

In the days of Lister and Pasteur, the best we had as a germicide was phenol (carbolic-acid). Now, phenol in 1922 will do all it did in 1870, but medical chemistry has progressed so far since then that carbolic acid is classified only at one in the ladder of efficiency. As we climb up and up, we pass many less active germicides until we reach Chlorazene Abbott with a phenol coefficient of 50.

Dakin in his "Hand-Book of Antiseptics" proves the many strong points of Chlorazene chemically, physically and clinically. We list only a few of them. Chlorazene is freely soluble in water. It is nontoxic, will not coagulate albumen and is permanent. In fact, solution is so easy and permanence so sure that titration by an experienced chemist is not necessary with Chlorazene as in the original Dakin's solution. For these and other reasons, surgeons and the doctors in general practice are using it more and more in all pus cases and as a gargle and for douching, except in closed cavities such as the bladder.

The Abbott Laboratories make Chlorazene and offer a generous complimentary sample with literature if you are not acquainted with it.

A real bargain appeals to everyone. There has seldom come to our attention as good a value for a $3.00 investment, as the offer in this Journal by Dr. Chas. Wood Fassett, Kansas City, Mo.

This under Hornsby's Hospital Magazine. Now, every doctor is interested closely or remotely in some hospital. Twelve issues of this journal per year, with twelve Medical Review of Reviews, and The Medical Herald and Electro Therapist monthly for twelve issues at a club price of $3.00, giving you a wealth of reading which will appeal to a progressive doctor.

We suggest you send your check for $3.00 at once to the publisher, to begin these journals with the January, 1922, numbers.

Hayden's Viburnum Compound has been so repeatedly used by doctors who know its value that they depend on it for functional and even (some) organic uterine disturbances.

It is to the unacquainted physician that we suggest sending for samples and descriptive literature. Write for them to the New York Pharmaceutical Company, Bedford Springs, Bedford, Mass. These people also put out "Uric Acid Solvent (Hayden)" which will appeal to you for your next indicated case.

But do not overlook Viburnum Compound Hayden where you need a dependable remedy with anodyne and antispasmodic properties. Give it in teaspoonful doses three times daily for a week prior to the expected menstrual flow to allay the pelvic pains of this period.

Back in 1913, the "Medical Record" referred to the work of Roger in showing the multiple role of the bile as a digestant and antitoxic agent for the upper bowel. Time has verified this and since then the records will show many an avoided

Fat Soluble A and Rickets

"In cases where rickets or growth failure or xerophthalmia are already well established, a daily dose of cod-liver oil is essential to all other procedure."

What modern science has done to assure pure milk, it has also done for cod-liver oil.

The "S. & B. PROCESS"

Clear Norwegian (Lofoten) Cod-liver Oil

is pure oil from selected, healthy livers of fresh caught ***True Gadus Morrhuae,*** that may be prescribed with the same confidence that you would certified milk.

Produced in Norway and refined in America.

Liberal samples to physicians on request.

SCOTT & BOWNE, BLOOMFIELD, N. J.

Makers of Scott's Emulsion

21-2a

After All the Patient Is the One Most Concerned

THE patient is the sick man. He is the sufferer. It is he who seeks—and expects—relief. He is the one most concerned. What do you do for him?

You diagnose, you prescribe, and sometimes you *pros*cribe certain foods. But do you unreservedly rule out *for every case* eggs, milk, tomatoes, strawberries, red meat, and dozens of other foods for which some few people have idiosyncrasies? No! You first determine what foods, if any, would be harmful in *each particular case*, and rule accordingly.

Then why issue, as is too frequently done, a sweeping dictum against coffee?

As you know, coffee can frequently be enlisted as a therapeutic aid. It is a mild cardiac stimulant; it relieves muscular and mental fatigue; it accelerates peristalsis; is mildly laxative; is an antidote for certain poisons; and is an appetite excitant. What greater stimulus to appetite is there than the rich aroma of steaming coffee? And maintaining a patient's appetite is important!

Dr. Julius Friedenwald and Dr. John Ruhrah, of the University of Maryland School of Medicine, Baltimore, in their joint work, "*Diet in Health and Disease*," frequently include coffee in the breakfast dietaries; and Dr. Torald Sollman, of Western Reserve University, Cleveland, in his "*Manual of Pharmacology*" says coffee "increases mental and physical efficiency, psychical stimulation, comfort and relief from muscular and mental fatigue and from their attendant unpleasant sensations. These effects may be useful in certain conditions, as in those exposed to severe hardship, hunger, fatigue, etc."

We believe a study of the cases in your own practice will convince you conclusively that there are few patients, indeed, for whom coffee is contra-indicated. We believe that such a study will convince you, too, that coffee can be enlisted as a beneficial agent bordering on the field of active therapy.

Why impose an unnecessary restriction on your patients? Why overlook a possible therapeutic aid?

Copyright 1922 by the Joint Coffee Trade Publicity Committee of the United States.

operation following the use of Taurocol Tablets and Taurocol Compound Tablets.

Look into the formula of these tablets and you will understand why they give a flow of healthy bile with the relief of intestinal indigestion and the inflammation of the bile ducts which frequently results in obstruction and colic.

Operation may be necessary, as it certainly is in some cases, but every suspect deserves a delay sufficient to determine just what the pure bile salts will do. You have them alone or in combination in these tablets. Read the advertisement in this issue.

For the girl "in trouble" it is your privilege to be a veritable friend in need. We have nothing at the moment to do with the conditions back of *the* condition. Here is a patient needing our best advice and a personal interest not required in any other situation met with in the practice of medicine. She deserves and requires information which only physicians can give.

Be sure to cut out and file the advertisement of the Woodlawn Maternity Home, Owego, New York, in this issue. They are unusually well equipped for strict privacy and when desired can arrange for suitable adoption of the infant.

Viburnum has long been known to possess therapeutic possibilities in the treatment of pelvic conditions in women. The plant grows in many varieties practically over two-thirds of the country, but great care must be exercised to select the true viburnum prunifolium. The Viburno Co., of New York, show commendable pride in their Viburno (Beach) which is a dependable remedy for menstrual disorders with or without pain.

It will pay you to get from them such literature as they have, and desk samples.

Make up your own postgraduate course by assuming each case you see today is part of your clinic. There is nothing more interesting in practice than your own course in applied therapeutics with your own patients. Run through a series of selected cases on Viburno (Beach) in this way.

Have been with you for more than twenty years. Therefore must stay with you, although you have raised the price from $2.00 to $3.00. Would surely be lost without CLINICAL MEDICINE, as I really enjoy it more than any other like publication, and I take several others. So I remain yours, though you should raise it even to $5.00 per annum, as it is worth all you ask to any live M. D.

W. H. FINNEY, M. D.,
Concord, Cal.

It is relatively recent that we have known the physiology of the ductless glands. It is even more recent that we have applied this knowledge in practical therapeutics but from the results of record in thousands of benefited cases it is a certainty that glandular therapy is here to stay.

The Mayson Laboratory of Chicago has solved the pharmaceutical problems so that their tablets give you in proper form just what you need to

FORMULA
Guaiacol 2 6.
Formalin 2 6.
Creosote 13 02. Quinine 2 6
Methyl Salicylate 2 6
Glycerine and Aluminum Silicate, qs 1000 parts.
Aromatic and Antiseptic Oils, qs

PNEUMO-PHTHYSINE
In Analysis

In Synthesis

Pneumo-Phthysine

The best remedy (Pneumo-Phthysine) misapplied, may defeat the combined skill of all who have contributed to its success. More especially in the treatment of Pneumonia, the unconquered foe of medical science.

If PNEUMO-PHTHYSINE has failed you, there is a reason.

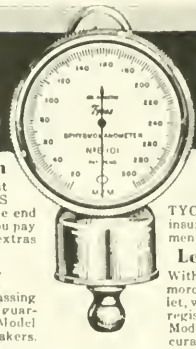
How to Apply in PNEUMONIA

Apply a thin layer, thickness of silver dollar, to cheesecloth, cut to cover front of chest including supraclavicular space and reaching below to and including the true ribs. Do not heat plaster above temperature of body. Excessive heat hastens the evaporation of Guaiacol, so efficient as an antipyretic. Heat plaster to desired temperature by first applying to cheesecloth and then holding it over radiator, lamp, etc.

The liquid contents of application soon disappear through the absorptive property of the skin. The recurrence of pain or high temperature demands more frequent dressings.

PNEUMO-PHTHYSINE CHEMICAL CO.
Chicago, Ill.

RENT THIS TYCOS NINE MONTHS THEN IT'S YOURS



Easy Rental Purchase Plan

By our easy rental purchase plan, after a first payment of only $2.50 we will rent this TYCOS to you for nine months at $2.50 a month, at the end of which time it is your absolute property. You pay only the cash price—with no interest and no extras—and have

Nine Full Months To Pay

Just dignified credit. No red tape or embarassing questions. You take no risk. We absolutely guarantee this genuine Dr. Rogers' New 1922 Model TYCOS and it is also fully guaranteed by the makers.

Standard Of The World

There is only one standard of the world—reliable—dependable—accurate—and that is the TYCOS, which has been adopted and is used by all insurance companies, the United States Government and medical authorities.

Leather Case and Booklet Free

With each TYCOS we give you free a handsome morocco leather case and a 44-page instruction booklet, which tells exactly how to use it. The TYCOS registers both systolic and diastolic pressures. Modern scientific diagnosis demands the aid of an accurate instrument for determining blood pressure.

Dr. Rogers' Genuine 1922 Model Self-verifying Sphygmomanometer

Cash Price Everywhere $25 But we will send it to you upon receipt of only $2.50 and allow you ten days free trial. If then you wish to keep it, simply pay the balance, $22.50, in nine small monthly payments of $2.50, and the instrument is yours. You cannot buy it for less anywhere else. You cannot buy it on such easy terms except by the Aloe Easy Rental Purchase Plan.

Ten Days Free Trial Just enclose first month's rent—$2.50 and we will ship the TYCOS at once. Try it thoroughly for ten days. Give it every test you can. If you are willing to part with it, send it back at our expense and get your money. If pleased, then pay only $2.50 a month for 9 months. SEND FOR YOUR TYCOS TODAY. Do it NOW. Let it PROVE it's usefulness to you. It is so easy to own that you'll never miss the money.

A. S. ALOE COMPANY, 559 Olive Street, ST. LOUIS, MO.

For subacute and chronic articular Rheumatism

Iosal representing sodium salicylate and potassium iodide gives relief from pain and assists in the absorption of fibrinous material.

Iosal

is also indicated in the treatment of gout with associated arteriosclerosis, as it contains colchicum and potassium iodide.

Formula, literature and sample upon request

Address: MEDICAL DEPARTMENT

The Norwich Pharmacal Company

Norwich, N. Y. New York Chicago Kansas City

get the best results. See their advertisement in this number of the journal and be sure to send for their complete literature. Prosto-Orchoid Compound (Mayson) has a distinctive field of usefulness not met by other therapeutic agents. If you have some troublesome prostatic cases put them on this. The tablets are furnished in sealed tubes of twenty each.

Bauer & Black of Chicago offer free to physicians a package each of their new B & B Baby Talc and B & B Baby Soap. In these days of scientific advance every concern of any size has a department of research chemistry. These new goods from this well known firm are a result of much study and experiment with the object of giving the medical and nursing professions something better, something new, something absolutely right.

They are so confident of your approval of both the Talc and Soap that they make you this generous offer feeling sure that your successes with them will induce you to use and recommend them in every one of your baby patients. See their advertisements in this issue.

"Blandules" is the distinctive title of the Wm. S. Merrell Company improved Bland's Pills. We all know that the value of Bland's Mass is to be had only when it is in the ferrous state. The Merrell people have devoted considerable work in their scientific department to perfect their "Blandules" assuring you a therapeutically efficient "ous" salt.

VIBURNO — BEACH

℞ Viburno (Beach) Original 3 x J

Sig. two teaspoonfuls 3 times daily (undiluted) before meals.

Nervine-Tonic and Anticongestive with Calmative and Corrective Action on the Bladder.

Adolescent Girls.

Ovarian Congestion and Congestive Dysmenorrhea.

Weak Pregnancy and Deficient Lactation.

Menopause and its phenomena including Hallucinations, Hot Flashes, etc.

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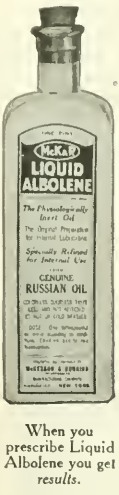

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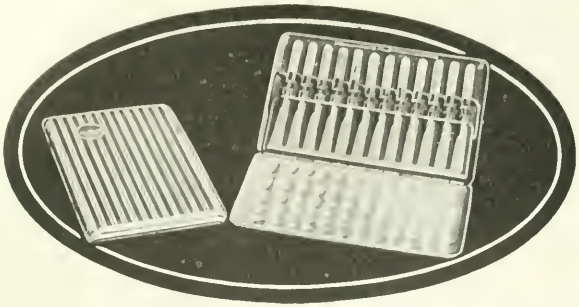

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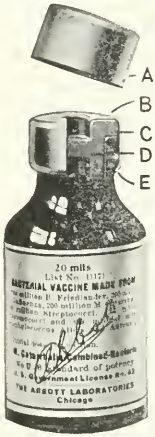

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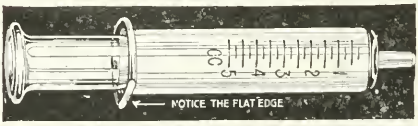

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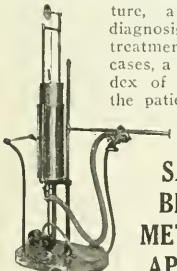

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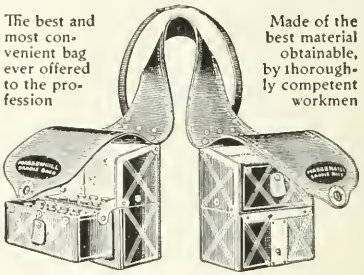

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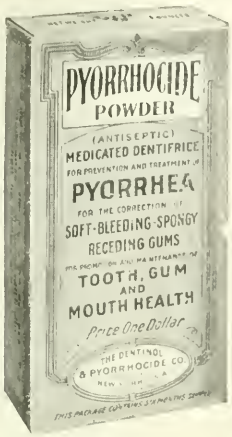

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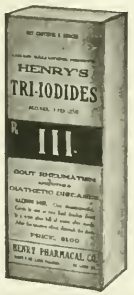

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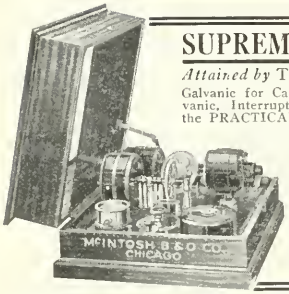

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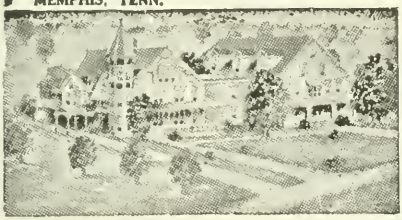

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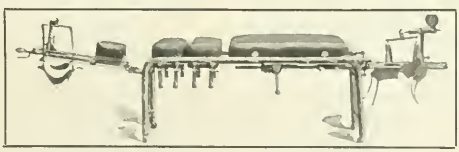

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The application of cold packs to the thoracic wall as a remedial agent in the treatment of pneumonia is rapidly being discarded by practitioners.

The application of heat is again in favor and physicians in every part of the country are now convinced that the logical, safe and sane method of treating pneumonia includes the application of prolonged moist heat over the entire thoracic wall.

Antiphlogistine
TRADE MARK

not only offers the best known method of continuously applying moist heat of equable temperature for a long period, together with the advantages attendant upon its physical properties, hygroscopy, exosmosis and endosmosis, but it offers the pneumonic patient exactly what he absolutely requires—EASE and REST. When Antiphlogistine is once applied it can advantageously remain in place for a long period, usually from twelve to twenty-four hours, all the time performing its soothing and effective service.

THE DENVER CHEMICAL M'F'G. COMPANY, NEW YORK CITY

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